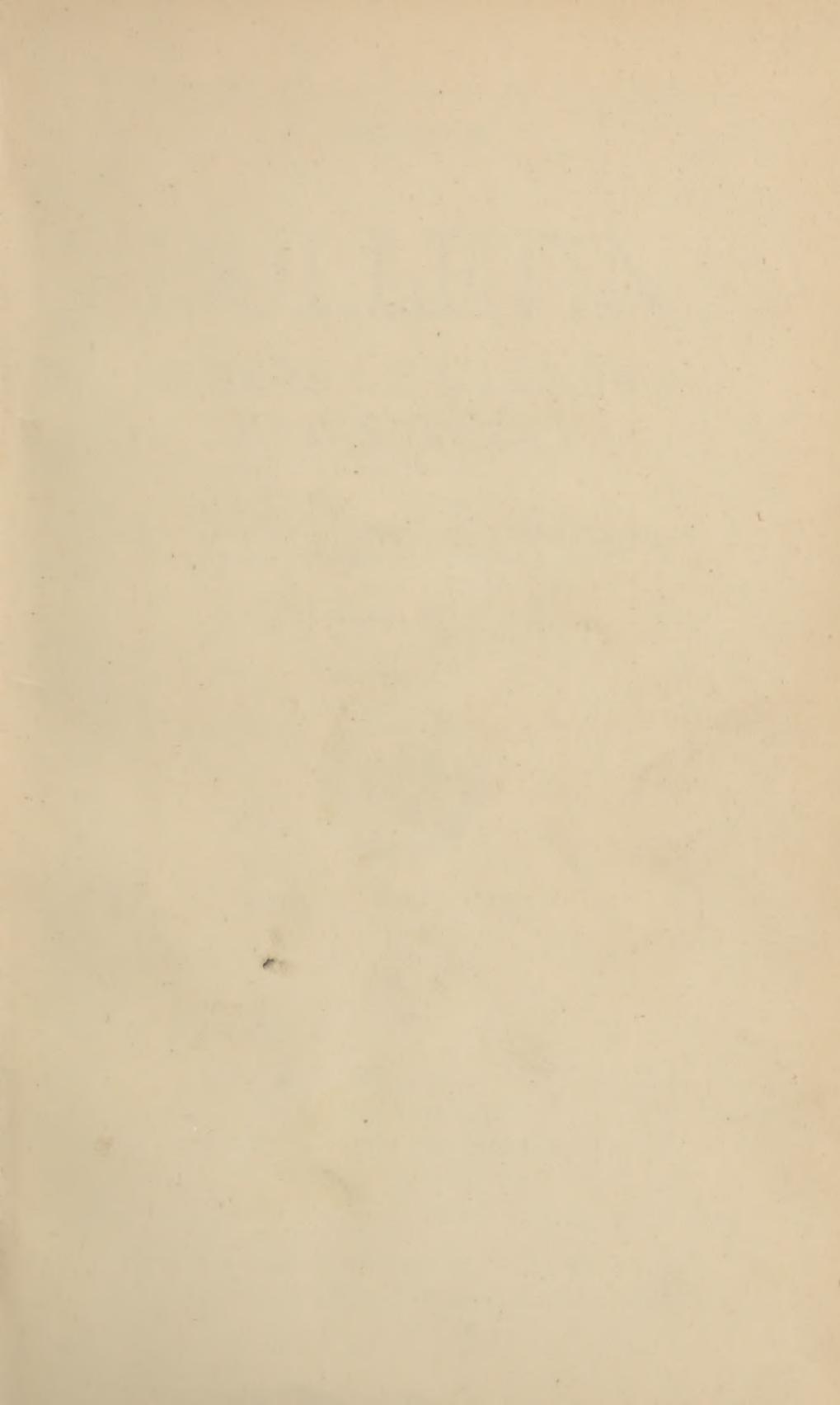


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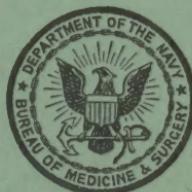
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BULLETIN

BUREAU OF MEDICINE AND SURGERY

Circular Letters

(JULY 1939—JULY 1945)



NAVMED-937



Approved

ROSS T MCINTIRE

Vice Admiral (MC) United States Navy
Surgeon General of the Navy

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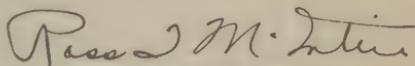
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BUREAU OF MEDICINE AND SURGERY WASHINGTON, D. C.

THE BULLETIN OF BUREAU OF MEDICINE AND SURGERY LETTERS (July 1939-July 1945), has been prepared to provide a compilation of BuMed circular letters and service dispatches.

An index of all letters released by the Bureau since July 1939 (previous to which time all letters were incorporated in the Manual of the Medical Department, or were reissued, or canceled), and reprints of all letters still in effect are contained in this BULLETIN. Minor editorial changes have been made in the reprints in order to correct references, delete passages no longer in effect, etc. Letters or passages of letters issued prior to July 1945 which are not included are to be considered no longer in effect.

The BULLETIN will be revised periodically and distributed to holders of the Manual of the Medical Department. Announcement by All Ships and Stations letter will be made when the revised printings are available at medical supply depots for issue on request.



Ross T McIntire,
Vice Admiral, MC., U. S. N.,
The Surgeon General.

(v)

PART I

CHRONOLOGICAL INDEX

Date.—The dates shown in this column are the dates BuMed letters were issued or the dates they were reissued. All letters are arranged in chronological order.

Reference No.—A reference number representing the year and sequence in which the letter was issued, has been assigned to each letter. All letters issued by BuMed subsequent to 1 January 1946 will be given a reference number in accordance with the system utilized herein.

(**NOTE.**—Activities will not have a file of all letters because some of them have been limited in distribution.)

Subject.—The subjects indicated in this column are the same as those which the letters carried when originally released.

Remarks.—The remarks in this column indicate the status of the letters. Modifications in letters and those that are canceled are noted. Letters still in effect which have not been modified are denoted by a blank space and are italicized in the "Date" column for further identification. Letters marked "See MMD" have been incorporated in the 1945 edition of the Manual of the Medical Department and information regarding subjects covered by these letters will be found by consulting the index to the Manual. The status indicated in this column is that of 1 July 1945 unless the letter has been canceled between 1 July and the date this publication was sent to press, in which case the canceling letter has been noted.

Date	Reference No.	Subject	Remarks
7-17-39	39-1	Training of hospital corpsmen in Medical Department specialties.	Canceled—In Catalog HC Schools and Courses.
7-22-39	39-2	Hospitalization and medical treatment furnished Works Progress Administration personnel.	Canceled—Action completed.
8-8-39	39-3	Disposition of tuberculous patients.	Canceled—Served its purpose.
8-11-39	39-4	Physical examinations—Procedure of boards of medical examiners and boards of medical survey.	Canceled—Outdated.
8-23-39	39-5	Supplementary Supply Table, 1938, changes in.	Canceled—See Supply Catalog.
8-24-39	39-6	Naval pensioners; payment of pension to hospital during periods of hospitalization.	Canceled—Outdated.
8-28-39	39-7	Notification to health officers of personnel discharged from the naval service with tuberculosis or venereal disease.	Canceled—See MMD.
9-18-39	39-8	Information regarding enlistments, dental requirements.	Canceled—Outdated.
10-1-39	39-9	Estimates of expenditures, BuMed.	Canceled—Action completed.
10-13-39	39-10	Manual of the Medical Department, 1938 edition.	Canceled—Outdated.
10-20-39	39-11	Instructions for the preparation and submission of reports of out-patient medical service rendered to injured emergency relief workers.	Canceled—Served its purpose.
10-21-39	39-12	Instructions for the preparation and submission of reports of hospitalization of emergency relief workers.	Do.
11-27-39	39-13	Annual sanitary reports and monthly reports of communicable diseases.	Canceled—See MMD.
11-29-39	39-14	Land and buildings ledgers.	Canceled—Served its purpose.
12-8-39	39-15	Enlisted men, U. S. Navy and U. S. Marine Corps, under treatment in hospitals after date of expiration of enlistment.	Canceled—Action completed.

Date	Reference No.	Subject	Remarks
12-12-39	39-16	Laundering of washable clothing for enrollees of the CCC.	Canceled—Served its purpose.
2-2-40	40-1	While hospitalized in naval hospitals, Medical Department personnel; duties of.	Do.
2-12-40	40-2	Out-patient medical attention—dependents -----	Canceled—See MMD.
2-21-40	40-3	Handbook of the Hospital Corps, U. S. Navy, 1939.	Canceled—See ltr. 42-18, 3-3-42.
3-11-40	40-4	Annual requisition for care of the dead; quality of caskets furnished under.	Canceled—Outdated.
4-26-40	40-5	Fleet Reserve personnel; rejection for recall to active duty because of physical disqualifications.	Do.
5-3-40	40-6	Revised Form "K" dental -----	Canceled—See ltr. 44-252, 12-12-44.
5-14-40	40-7	Hospitalization of retired officers on active duty -----	Canceled—Obsolete.
6-5-40	40-8	Physical examination of applicants for enrollment in secondary flight training under cognizance of the Civil Aeronautics Authority.	Canceled—Outdated.
6-7-40	40-9	Civil-service personnel under Navy Department; recording of accidents and illnesses.	Canceled—See MMD.
6-20-40	40-10	Discharge and reenlistment of patients in hospitals -----	Do.
6-24-40	40-11	Financial reports for fourth quarter, fiscal year, 1940.	Canceled—Outdated.
7-9-40	40-12	Health record (new issue); disposition of duplicate copy of physical examination sheet and dental record.	Canceled—See MMD.
7-11-40	40-13	Annual contract for care of the dead; use of casket furnished by Government in lieu of undertaker's casket.	Canceled—Outdated.
7-15-40	40-14	Revised accounting instructions for naval hospitals for the fiscal year 1941.	Do.
7-16-40	40-15	Handbook of the Hospital Corps, U. S. Navy, 1939; correction of errors in.	Canceled—See MMD.
7-17-40	40-16	Hospitalization; return of patients to duty or disposition by medical survey; expediting of.	Canceled—Outdated.
7-19-40	40-17	Annual physical examination of officers -----	Do.
7-25-40	40-18	Special training in aviation medicine -----	Canceled—See MMD.
7-30-40	40-19	Probable source of venereal infection of naval personnel; reporting of, to civil health authorities.	Canceled—See ltr. 41-44, 8-25-41.
8-9-40	40-20	Civil pay rolls standard Form No. 1073, preparation of.	Canceled—Served its purpose.
8-15-40	40-21	Tentative estimates of expenditures, advance years -----	Canceled—See ltr. 41-44, 8-25-41.
8-19-40	40-22	Civil pay rolls, standard Form No. 1073, preparation of.	Canceled—Outdated.
8-29-40	40-23	National Guard; hospitalization of members of -----	Canceled—See ltr. 41-44, 8-25-41.
9-20-40	40-24	Physical standards or enlistment in class V-7, U. S. N. R.	Canceled—Served its purpose.
10-15-40	40-25	Officers, warrant officers, aviation cadets, and enlisted men of the Naval and Marine Corps Reserves; midshipmen and nurses, naval reserve; physical fitness of	Canceled—See MMD.
10-31-40	40-26	New N. M. S. Form F card (individual statistical report of patients).	Canceled—Served its purpose.
11-6-40	40-27	Civil employees; uniform salary tables covering monthly compensation of classified civil employees at U. S. naval hospitals.	Canceled—Outdated.
11-12-40	40-28	Schedule of wages effective Nov. 18, 1940 -----	Do.
11-27-40	40-29	Supply catalog, Medical Department, U. S. Navy -----	Canceled—New catalog, January 1944.
11-28-40	40-30	Reclassification of certain equipment items to conform to the supply catalog, Medical Department, U. S. N. accounting procedure.	Canceled—Served its purpose.
11-29-40	40-31	Physical fitness of applicants for the naval service -----	Canceled—See MMD.
11-30-40	40-32	Civil pay rolls, preparation of and accounting procedure in connection with.	Canceled—Served its purpose.
12-13-40	40-33	Field medical units, revision of -----	Canceled—Outdated.
1-9-41	41-1	Effects of deceased naval personnel -----	Canceled—Served its purpose.
1-22-41	41-2	Deposits and effects of Veterans' Administration patients who die in naval hospitals; disposition of.	Canceled—See MMD.
1-30-41	41-3	Storage of Mapharsen -----	Canceled—Outdated.
2-3-41	41-4	Alum precipitated tetanus toxoid, use of, in immunization of all Marine Corps personnel.	Canceled—See MMD.
2-8-41	41-5	Chemotherapy in infectious diseases and other infections.	Canceled—Outdated.
2-13-41	41-6	Yellow fever vaccine, directions for the use of, in immunization against yellow fever.	Canceled—See ltr. 45-72, 3-15-45.
2-26-41	41-7	Civilian employees; overtime pay -----	Canceled—Outdated.
3-20-41	41-8	Authorized bed capacity -----	Do.

Date	Reference No.	Subject	Remarks
3-24-41	41-9	Disbursing offices at naval hospitals, pay and allowances, military staff, other than hospital corpsmen assigned to duty.	Canceled—Outdated.
3-25-41 4-2-41	41-10 41-11	Control of venereal disease. New N. M. S. Form F card (individual statistical report of patient).	Canceled—Served its purpose. Do.
4-2-41 4-5-41	41-12 41-13	Civil-service personnel under Navy Department; recording of accidents and of occupational diseases.	Canceled—See MMD.
4-11-41	41-14	Denture material, synthetic resin, powder and liquid, stock No. 11-830, and denture material, synthetic resin, mixing equipment for, stock No. 11-835, deletion of.	Canceled—Served its purpose.
4-14-41	41-15	35-mm. photofluoroscopic chest films, and disposition of recruits who are suspected of tuberculosis and other disqualifying defects, as indicated from evidence of 35-mm. films.	Canceled—See ltr. 45-3, 1-4-45.
4-15-41	41-16	Alum precipitated tetanus toxoid, use of, in immunization of all Marine Corps personnel.	Canceled—See MMD.
4-16-41	41-17	Qualification in Medical Department specialties.	Canceled—Outdated.
5-13-41	41-18	Establishment of distribution centers for yellow fever vaccine.	Canceled—See ltr. 45-72, 3-15-45.
5-13-41	41-19	Irregular mast punishments.	Canceled—Served its purpose. Do.
5-13-41	41-20	Naval Station, Guantanamo Bay, Cuba, prosthetic dental laboratory, establishment of.	Canceled—See ltr. 45-72, 3-15-45.
5-13-41	41-21	Immunization of all personnel against yellow fever; directions for use of yellow fever vaccine.	Canceled—See ltr. 42-122, 12-16-42.
5-15-41	41-22	Lists of naval and national cemeteries.	Canceled—See MMD.
5-16-41	41-23	Funeral expenses of deceased personnel of the Navy and Marine Corps.	Canceled—See MMD.
5-21-41	41-24	NMSH-Form 61, information for next of kin (revised).	Do.
6-5-41	41-25	Exchange of biologicals.	Canceled—Served its purpose.
7-1-41	41-26	Quarterly return of medical stores.	Do.
7-1-41	41-27	Human plasma, distribution and use of.	Do.
7-2-41	41-28	Loan of motion-picture films of medical and surgical subjects by the Mayo Clinic.	Canceled—Outdated.
7-3-41	41-29	Limitation of use of N. M. S. hospital Form No. 1.	Canceled—See MMD.
7-5-41	41-30	Annual physical examination of officers.	Canceled—Outdated.
7-15-41	41-31	Procedure to be followed in requisitioning initial dental operating room outfit.	Canceled—See MMD.
7-16-41	41-32	Conservation of certain materials.	Canceled—Served its purpose.
7-18-41	41-33	Reclassification of Medical Department appropriational obligations and expenditures by objects and subheads for annual estimates of expenditures and allotment expenditures.	Canceled—See BuMed Cir. Ltr. 7-7-45 (N. D. Bull. Item 45-801) and 8-27-45 (N. D. Bull. Item 45-1195).
7-23-41	41-34	Manual, Medical Department—instructions regarding physical examinations.	Canceled—Outdated.
7-25-41	41-35	Typhoid and paratyphoid fevers—inoculation of personnel against.	Canceled—See MMD.
7-31-41	41-36	Pay and allowances, military staff.	Canceled—See ltr. 41-44, 8-25-41.
7-31-41	41-37	Funeral expenses of deceased civilian employees of the Navy Department and Naval Establishment.	Canceled—See MMD.
8-5-41	41-38	Immunization of all personnel against tetanus, by the use of alum precipitated (insoluble) tetanus toxoid.	Do.
8-6-41	41-39	Additional regional distribution centers for yellow fever vaccine.	Canceled—See ltr. 45-72, 3-15-45.
8-12-41	41-40	Safety precautions for ambulances.	Canceled—See MMD.
8-13-41	41-41	Leave of absence for nurses, U. S. Navy.	Canceled—Outdated.
8-19-41	41-42	Group IV (b) employees; administrative promotions.	Canceled—See BuMed Cir. Ltr. 7-7-45, (N. D. Bull. item 45-801).
8-23-41	41-43	Reclassifications of Medical Department appropriational obligations and expenditures by objects and subheads for annual estimates of expenditures and allotment expenditures.	Modified by ltrs. 44-67, 4-25-44; 44-91, 5-22-44; 44-99, 5-31-44; 44-107, 6-12-44; 44-149, 8-1-44; 44-237, 11-18-44; 45-37, 2-15-45; and BuMed. ltr. 9-25-45.
8-25-41	41-44	Financial statistics instructions for the recording and reporting of at all naval hospitals.	Canceled—Served its purpose.
8-26-41	41-45	Inventory of household furnishings.	

Date	Reference No.	Subject	Remarks
8-28-41	41-46	Funeral expenses of deceased civilian employees of the Navy Department and Naval Establishment.	Canceled—See MMD.
8-30-41	41-47	Receipt, transfer, and disposition card (NMSHC-Form 3) preparation and forwarding of.	Do.
9-1-41	41-48	Estimates of expenditures, BuMed.	Canceled—Outdated.
9-11-41	41-49	Maximum allowances of furniture and furnishings for Government-owned personnel quarters.	Canceled—See Y. & D. Manual.
9-12-41	41-50	Hospitalization of all members of the British Royal Air Force under the jurisdiction of the War Department.	Canceled—See ltr. 44-91, 5-22-44.
9-24-41	41-51	Hospital accounting instructions, connections in.	Canceled—Served its purpose. Do.
10-21-41	41-52	Quarters, heat, light, household equipment, subsistence, and laundry service furnished certain civil employees of the Medical Department.	Do.
10-25-41	41-53	Unit, dental operating, junior model.	Canceled—See MMD.
10-28-41	41-54	Physical standards for commission—Manual of the Medical Department, 1938, Ch. 11, par. 1431 (a), (b), (c), change in.	Do.
11-7-41	41-55	Training of Hospital Corps technicians.	Canceled—See ltr. 45-16, 1-20-45.
11-10-41	41-56	Quarters, heat, light, household equipment, subsistence, and laundry service furnished certain civil employees of the Medical Department.	Canceled—See 1tr. 44-99, 5-31-44.
11-13-41	41-57	Place of exposure to venereal diseases, reporting of.	Canceled—See MMD.
11-13-41	41-58	Conservation of nickel, brass, and steel through salvage of spark plugs.	Canceled—See S & A handbook on conservation of critical material.
11-25-41	41-59	Cylinders, gas, anesthetic; color marking for.	Canceled—Served its purpose.
12-1-41	41-60	Hospital accounting instructions, modification of.	Canceled—See MMD. Do.
12-2-41	41-61	Corrosion-resisting steel, care of.	Do.
12-2-41	41-62	Hospitalization of Coast Guard personnel.	Canceled—See 1tr. 44-107, 6-12-44.
12-3-41	41-63	Weekly dispatch reports of average strength admissions for communicable diseases, and total admissions for all causes (diseases and injuries).	Canceled—Outdated.
12-4-41	41-64	Correction, Chapter 11, Manual of the Medical Department, 1938.	Do.
12-11-41	41-65	Influenza vaccination study; cooperation regarding.	Canceled—See MMD.
12-17-41	41-66	Hospital accounting instructions, modification of.	Do.
12-24-41	41-67	Navy Dept. Cir. Ltr. PS & M-6a-IRP, Dec. 18, 1941—Re-IV (B) employees.	Canceled—See ltr. 44-107, 6-12-44.
1-1-42	42-1	Instructions for all dental officers.	Canceled—See MMD.
1-5-42	42-2	Modification of physical requirements for duty beyond continental limits.	Do.
1-5-42	42-3	Roentgenographic examination of the chest, all Naval and Marine Corps personnel, entering or ordered to duty.	Canceled—See ltr. 45-3, 1-4-45.
1-6-42	42-4	Reaction to heat, prophylaxis in.	
1-6-42	42-5	Use of plasma and the regeneration of dried human plasma.	
1-7-42	42-6	Change of nomenclature.	Canceled—See MMD.
1-9-42	42-7	Causes of rejections of applicants for enlistment at substations and by traveling parties.	
1-10-42	42-8	Standardization of X-ray and physical therapy equipment.	Canceled—Outdated.
1-12-42	42-9	Use of typhus fever vaccine.	Canceled—See MMD.
1-15-42	42-10	Hospitalization of British personnel.	Do.
1-16-42	42-11	Use of cholera vaccine.	Do.
1-27-42	42-12	Distilled spirits (brandy, U. S. P.); supply to ships and planes for medicinal purposes (stock No. S1-2290—2-oz. bottles, 10 bottles in carton).	
2-11-42	42-13	Bristle brushes, conservation of.	Canceled—Served its purpose.
2-25-42	42-14	Official bed capacity.	Canceled—See MMD.
2-25-42	42-15	Disinsectization of aircraft.	
2-26-42	42-16	Prevention of auditory traumatism and the resultant loss of hearing.	
2-28-42	42-17	Information regarding bed capacity and size of staff of naval hospitals not to be given out to press and to be retained as restricted information.	
3-5-42	42-18	Handbook of the Hospital Corps, U. S. Navy, 1939.	Do.
3-3-42	42-19	Care of the dead, U. S. Coast Guard.	Do.
3-9-42	42-20	Weekly dispatch reports of average strength and communicable diseases.	
3-11-42	42-21	Unit, dental operating, junior model.	Canceled — See Medical Supply Catalog.
3-13-42	42-22	Allowance list, litters carried aboard ship, revision of.	Canceled—See ltr. 42-41, 5-13-42.

Date	Reference No.	Subject	Remarks
3-17-42	42-23	Manual of Medical Department, 1938, Ch. 11, Part 1507, change in.	Canceled—See MMD.
3-18-42	42-24	New instrument for determining visual function.	Canceled—Served its purpose.
3-20-42	42-25	Conservation of strategic and critical materials.	Canceled—See ltr. 44-97, 5-30-44.
3-20-42	42-26	Procedure to be followed in requisitioning dental burs.	Canceled—See ltr. 44-97, 5-30-44.
3-25-42	42-27	Treatment of "immersion foot" and frozen extremities.	Canceled—See MMD.
3-28-42	42-28	Modification of physical requirements for duty beyond continental limits.	Canceled—Outdated.
4-1-42	42-29	Employment of venereal disease control officers.	Canceled—See ltr. 44-146, 7-29-44.
4-3-42	42-30	Plan and procedure for elimination of recruits unfit for service by reason of psychiatric or neurologic handicaps.	Canceled—Served its purpose.
4-4-42	42-31	Hospital accounting instructions.	Canceled—Outdated.
4-7-42	42-32	Reclassification of Medical Department appropriational obligations and expenditures by objects and subheads for annual estimates of expenditures and allotments expenditures.	Do.
4-7-42	42-33	Ships allotments for medical department requirements, fiscal year, 1943.	Canceled—See ltr. 43-9, 1-14-43.
4-7-42	42-34	Procurement and property accountability of medical stores for ships without Medical Department allotments.	Canceled—See MMD.
4-7-42	42-35	Medical care, hospitalization, and funeral and burial expenses necessitated by enemy action in the case of civilians.	Canceled—See ltr. 44-259, 12-18-44.
4-9-42	42-36	Petrolatum, liquid, stock No. 1-575 addition of, to contents of boat box, Stock No. 2-185, Supply Catalog, Medical Department, U. S. Navy.	Canceled—See MMD.
4-14-42	42-37	The experience of survivors from sunken vessels, reports concerning.	Canceled—See BuPers Rec. Cir. Ltr. 2-45, 3-5-45.
4-16-42	42-38	Naval aviators and naval aviation pilots—Special physical examination to determine fitness for duty.	Canceled—See ltr. 43-52, 4-15-43.
4-29-42	42-39	Hospital corpsmen in class V-6, U. S. Naval Reserve; recommendation for advancement to certain ratings.	Canceled—See ltr. 45-72, 3-15-45.
5-6-42	42-40	Medical survey, enlisted men, class V-5, U. S. Naval Reserve.	Canceled—See ltr. 45-146, 7-29-44.
5-15-42	42-41	Allowance, litters carried aboard ship, revision of.	Canceled—See ltr. 45-146, 7-29-44.
5-21-42	42-42	Immunization of all personnel against yellow fever, directions for using yellow fever vaccine.	Canceled—See MMD.
5-22-42	42-43	Mental patients (enlisted), disposition in the cases of.	Canceled—See ltr. 44-146, 7-29-44.
6-1-42	42-44	Plan and procedure for elimination of recruits unfit for service by reason of psychiatric or neurologic handicaps.	Canceled—Outdated.
6-6-42	42-45	Manual of the Medical Department—Reprints, changes, and distribution.	Canceled—See BuMed ltr. 9-19-45, (N. D. Bull. 45-1318).
6-6-42	42-46	Conservation of dental burs.	Canceled—See MMD.
6-9-42	42-47	Monthly NMSHC Form 4 for local defense and district draft, submission of.	Do.
6-16-42	42-48	Commercial vessels flying flags of the United Nations, when ordered into United States port for military reasons, are exempt from charge for quarantine inspection.	Do.
6-20-42	42-49	Hospital Corps reports (NMSHC Form 3; NMSHC Form 4).	Do.
6-20-42	42-50	Request by hospital corpsmen for special instruction.	Canceled—See ltr. 45-16, 1-20-45.
6-22-42	42-51	Adoption of presumptive Kahn tests.	Canceled—Served its purpose.
6-23-42	42-52	Physical examination in connection with application for National Service Life Insurance.	Canceled—See BuMed Cir. Ltr. 8-7-45.
6-24-42	42-53	Reporting of photofluorographic chest examination	Canceled—See MMD.
6-25-42	42-54	Deaths occurring beyond continental United States; temporary local interments.	Do.
7-8-42	42-55	Medical care, hospitalization, and funeral and burial expenses necessitated by enemy action in the case of civilians.	Do.
7-10-42	42-56	The district medical officer.	Canceled—Outdated.
7-13-42	42-57	Special courses of instruction for medical officers.	Canceled—Served its purpose.
7-17-42	42-58	First-aid kit for decontamination squads, naval shore stations.	Canceled—See MMD.
7-17-42	42-59	Instruction of Navy nurses in common military customs and courtesies.	Do.
7-21-42	42-60	Motor vehicles, use and care of.	Canceled—Outdated.
7-21-42	42-61	Manual of the Medical Department, U. S. Navy, correction in.	Canceled—See MMD.

Date	Reference No.	Subject	Remarks
7-23-42	42-62	Quinine.....	Canceled—Action completed.
7-29-42	42-63	Medical motion pictures and other audio-visual aids.	Canceled—Served its purpose.
8-4-42	42-64	Hospital Corps; reports of advancement in ratings.....	Canceled—See ltr. 43-102, 6-25-43.
8-5-42	42-65	Protection of radar operating and maintenance personnel.	Canceled—Superseded by S and A Handbook.
8-6-42	42-66	Conservation of strategic and critical materials.....	Canceled—Outdated.
8-8-42	42-67	Resolutions of the subcommittee on hospital and surgical supplies of the National Research Council, July 18, 1942.	Modified—See joint ltr. 8-2-45 (N. D. Bull, item 45-998).
8-8-42	42-68	Physical examination of members of the U. S. Naval Reserve and the U. S. Marine Corps Reserve upon reporting for and upon release from active duty.	Canceled—Served its purpose.
8-8-42	42-69	Reporting of results of X-ray examination of the chest.	Canceled—Outdated.
8-10-42	42-70	Venereal disease prophylaxis.	Canceled—See ltr. 44-91, 5-22-44.
8-20-42	42-71	Hospitalization of personnel of the armed forces of the British Empire.	Canceled—Outdated.
8-25-42	42-72	Claims for pension and disability compensation.....	Canceled—Served its purpose.
8-27-42	42-73	Return of collapsible tin tubes.....	Canceled—Action completed.
8-28-42	42-74	Electrical appliances, curtailment of production of.....	Canceled—Outdated.
9-1-42	42-75	Accounting instructions.....	Canceled—See MMD.
9-1-42	42-76	Physical examination of Women's Reserve of the U. S. Naval Reserve (WAVES).	Canceled—See MMD.
9-7-42	42-77	Personnel subject to disability discharges; information and advice regarding rehabilitation, physical and vocational.	Canceled—Served its purpose.
9-10-42	42-78	Rate of issue of dental supplies, change in.....	Do.
9-16-42	42-79	Reports of district medical officer.....	Canceled—See MMD.
9-17-42	42-80	Quarterly ration report, WAVES.....	Canceled—See ltr. 44-99, 5-31-44.
9-18-42	42-81	Medical and hospital treatment of members of the Women's Reserve of the U. S. Naval Reserve (WAVES).	Canceled—See MMD.
9-23-42	42-82	Hospital corpsmen in class V-6, U. S. Naval Reserve. Recommendation for advancement to certain ratings.	Canceled—BuPers. Rec. Cir. Ltr. 2-45, 3-5-45.
9-25-42	42-83	Proper interpretation of Navy color vision tests.	Canceled—See MMD.
9-30-42	42-84	Physical examination of Women's Reserve of the U. S. Naval Reserve (WAVES).	Canceled—See ltr. 44-97, 5-30-44.
10-3-42	42-85	Requisitioning of dental burs.....	Canceled—See MMD.
10-3-42	42-86	Par. 2405, Manual of the Medical Department, United States Navy, 1938.	Canceled—Obsolete.
10-5-42	42-87	Medical equipment and supplies.....	Canceled—Served its purpose.
10-8-42	42-88	Quarters assigned to commissioned and warrant officers of the Medical Department.	Canceled—Outdated.
10-9-42	42-89	Annual census of hospitals conducted by the American Medical Association.	Do.
10-12-42	42-90	Conservation of strategic and critical materials.....	Canceled—Served its purpose.
10-14-42	42-91	Loan of X-ray films of patients to the Veterans' Administration facilities for study.	Canceled—Report discontinued.
10-15-42	42-92	Annual estimates of expenditures, field activities, medicine and surgery, fiscal year, 1944.	Canceled—Served its purpose.
10-17-42	42-93	Aviation training statistics; monthly report of.....	Canceled—See MMD.
10-19-42	42-94	Hospitalization of supernumerary patients, report of.....	Canceled—See MMD.
10-21-42	42-95	Articles and speeches on professional and scientific subjects.	Canceled—See MMD.
10-24-42	42-96	Reports of medical survey, forwarding of.....	Do.
10-27-42	42-97	Fingerprints of Navy nurses.....	Canceled—See ltr. 44-82, 5-15-44.
10-27-42	42-98	Fine screen test, forwarding of completed answer sheets for.	Canceled—See ltr. 45-108, 4-30-45.
10-28-42	42-99	Policy regarding disposition of enlisted men of the naval service disabled in line of duty.	Canceled—Served its purpose.
10-28-42	42-100	Annual estimates of expenditures, field activities, medical and surgery, fiscal year, 1944, correction to instructions for submission.	Canceled—See MMD.
10-28-42	42-101	Prosthetic dental treatment for personnel on duty at sea and outside the continental limits of the United States.	Canceled—See MMD.
10-29-42	42-102	Establishment of aviation psychology section in the Bureau of Medicine and Surgery.	Canceled—Served its purpose.
11-7-42	42-103	Accommodations for officer patients.....	Canceled—See MMD.

Date	Reference No.	Subject	Remarks
11-9-42	42-104	Distribution and use of human plasma.....	Canceled—Served its purpose.
11-13-42	42-105	Dysenteries, diagnosis and treatment.....	Canceled—See ltr. 44-40, 3-6-44.
11-23-42	42-106	Improvement in medical service.	Canceled—See ltr. 43-102, 6-25-43.
11-24-42	42-107	Protection of radar operating and maintenance personnel.	Canceled—See ltr. 43-102, 6-25-43.
11-24-42	42-108	Revocation of Army and Navy Munitions Board. Priorities directive dated Aug. 20, 1941.	Canceled—Served its purpose.
11-25-42	42-109	Copies of social histories for the Veterans' Administration.	Canceled—Action completed.
11-30-42	42-110	Examination for appointment in the Dental Corps, U. S. Navy.	Canceled—See MMD.
11-30-42	42-111	Physical examination of applicants for and members of Women's Reserve, U. S. Naval Reserve.	Do.
12-2-42	42-112	Instructions for forwarding copies of report of Board of Medical Survey (NMS Form N), certificate of death (NMS Form N).	Canceled—Obsolete.
12-5-42	42-113	Reports concerning Hospital Corps personnel.....	Do.
12-6-42	42-114	Use of Government exemption permits and certificates of transfer for release of new commercial motor vehicles.	Canceled—See MMD.
12-8-42	42-115	Conservation of materials.....	Canceled—Served its purpose.
12-8-42	42-116	Procedure in effecting temporary appointment and promotions.	Canceled—See MMD.
12-9-42	42-117	Pneumonia, primary, atypical, etiology unknown, No. 826.	Do.
12-9-42	42-118	Authority to convene summary courts martial and deck courts.	Canceled—Replaced by BuMed News ltr.
12-11-42	42-119	Microfilm letter.....	Canceled—See MMD.
12-12-42	42-120	Requirements of water and sodium chloride for personnel working in hot compartments and hot climates.	Canceled—See MMD.
12-12-42	42-121	Form I, modification of.....	Canceled—See MMD.
12-16-42	42-122	Lists of naval and national cemeteries.	Canceled—Outdated, served its purpose.
12-16-42	42-123	Maintenance and operating supplies for naval hospitals, assignment of priority ratings for.	Canceled—Served its purpose.
12-18-42	42-124	Special qualifications of naval medical officers.....	Canceled—See MMD.
12-23-42	42-125	Reports of medical, dental, and hospital treatment of naval personnel by other than the Medical Department of the Navy.	Canceled—See ltr. 45-107, 4-30-45.
12-26-42	42-126	Insect repellents, and insecticide for lice.	Canceled—See MMD.
12-29-42	42-127	Personnel disabled in line of duty, reports of medical survey regarding disposition in the cases of.	Canceled—See MMD.
12-30-42	42-128	Prescriptions containing narcotics; issuance by naval medical officers for filling by private registered druggist.	Do.
1-2-43	43-1	Effects of and protection against chlorinated hydrocarbons.	Canceled—See MMD.
1-4-43	43-2	Medical and hospital treatment, and compensation for disability or death in line of duty, of members of the Woman's Reserve of the U. S. Naval Reserve (WAVES).	Canceled—See MMD.
1-4-43	43-3	Dependents of Coast Guard personnel, out-patient medical care by Navy Medical Department and hospitalization in certain naval hospitals.	Do.
1-6-43	43-4	Fine screen tests, transmission of results on.....	Canceled—See ltr. 44-82, 5-15-44.
1-7-43	43-5	Naval aviation cadets in civilian pilot training schools, reports and returns in cases of illness, injury or death.	Canceled—Outdated.
1-9-43	43-6	Fiscal arrangements pertinent to Medical Department facilities at air primary training bases.	Do.
1-11-43	43-7	War training service (formerly CPT) flight training reports.	Canceled—Outdated, schools closed.
1-12-43	43-8	Duties of Medical Department personnel assigned to flight preparatory schools.	Canceled—Outdated.
1-14-43	43-9	Ships' allotments, fiscal year 1944—Funds under the cognizance of the Bureau of Medicine and Surgery.	Canceled—Served its purpose.
1-19-43	43-10	Examinations for appointment to the Medical Corps, U. S. Navy.	Canceled—Outdated.
1-20-43	43-11	Repair, maintenance, and operation requirements for Medical Department establishments, priorities ratings for.	Do.
1-21-43	43-12	Inspection, preparation, and preservation of food.	
1-21-43	43-13	Treatment of burns.	

Date	Reference No.	Subject	Remarks
1-21-43	43-14	Disinsectization of surface craft-----	Canceled—See MMD and BuMed Cir. Ltr. 9-11-45 (N. D. Bull. 45-1196).
1-21-43	43-15	Letter grades on naval aviation questionnaire, redistribution of.	Canceled—See ltr. 44-82, 5-15-45. Do.
1-22-43	43-16	U. S. Navy mechanical comprehension test, substitution of new form of.	Modified—See ltr 45-147, 6-9-45.
1-25-43	43-17	Restrictions and precautions in the use of sulfonamide drugs.	Canceled—See MMD.
1-26-43	43-18	Treatment of venereal diseases aboard submarines.	Canceled—Served its purpose; See MMD.
1-30-43	43-19	NMS Form H-2 (physical examination sheet); discontinuing preparation and forwarding of duplicate copies.	Do.
2-1-43	43-20	Forwarding extra copies of reports of medical survey in the cases of men inducted into the Navy or Marine Corps.	Canceled—Report discontinued.
2-2-43	43-21	CMP program allotment number, assignment of requisitions and purchase orders for Medical Department supplies and equipment.	Canceled—Outdated.
2-4-43	43-22	Monthly report of dollar amounts of priorities issued under preference ratings.	Canceled—Served its purpose.
2-11-43	43-23	Consolidation of personnel functions within the Bureau of Medicine and Surgery.	Canceled—See MMD.
2-12-43	43-24	Naval pensioners; payment of pension to hospital during period of hospitalization.	Canceled—Outdated.
2-18-43	43-25	Physical qualifications for divers, salvage-----	Canceled—See MMD.
2-18-43	43-26	Roentgenographic examinations of the chest of all Navy and Marine Corps personnel entering or ordered to active duty.	Canceled—See ltr. 45-3, 1-4-45.
2-23-43	43-27	Recommendations for course of instruction in epidemiology.	Canceled—Outdated.
2-26-43	43-28	Addition to the diagnostic nomenclature of the Medical Department of the U. S. Navy.	Canceled—See MMD.
2-26-43	43-29	War training service (CPT), medical services, temporary provisions for payment of.	Canceled—See ltr. 44-82, 5-15-43.
2-26-43	43-30	Aviation cadets ordered to CAA-WTS centers, administration of biographical inventory to.	Canceled—Outdated.
3-2-43	43-31	Revised answer sheet for biographical inventory, substitution of and instructions for use of.	Canceled—See ltr. 44-82, 5-15-43.
3-4-43	43-32	Immunization of all personnel against tetanus, by the use of alum precipitated (insoluble) tetanus toxoid.	Canceled—See MMD.
3-4-43	43-33	Deaths occurring beyond continental United States; temporary local interments; grave markers.	Do.
3-5-43	43-34	Medical officer personnel-----	Canceled — Action completed.
3-10-43	43-35	Weekly dispatch reports of average strength, admissions for communicable diseases, and total admissions for all causes (diseases and injuries).	Canceled—See MMD.
3-10-43	43-36	Monthly reports of dollar amounts of priorities preference ratings issued.	Canceled—Served its purpose.
3-12-43	43-37	Form NMS-HF-10; daily personnel report-----	Canceled—See MMD.
3-13-43	43-38	Training of Pharmacist's Mates-----	Do.
3-15-43	43-39	Medical care and funeral expenses of members of the Naval Reserve Officers' Training Corps.	Do.
3-16-43	43-40	Medical care of United States merchant seamen suffering as a result of war disasters.	Do.
3-18-43	43-41	Naval pensioners; payment of pension to hospital during period of hospitalization.	Canceled—Served its purpose.
3-20-43	43-42	Handbook of the Hospital Corps, U. S. Navy, 1939.	Canceled—Served its purpose—See MMD.
3-30-43	43-43	Health records of persons discharged from the naval service by reason of physical disability.	Canceled—Outdated.
4-3-43	43-44	Aviation cadets, class V-5, U. S. N. R.—Administration of medical matters pertaining to.	Do.
4-3-43	43-45	Civilian employees, limitation of number of-----	Canceled—See MMD.
4-9-43	43-46	Instructions for aptitude boards.	Do.
4-10-43	43-47	Art. 1513, par. 3, U. S. Navy Regulations; suspension of certain existing instructions regarding care of the dead.	Canceled—See MMD.
4-12-43	43-48	Clinical records of patients transferred to naval special hospitals.	Do.
4-13-43	43-49	Emergency procurement of medical supplies for seagoing units of the Coast Guard.	Canceled—Served its purpose.
4-15-43	43-50	Pathological material, collection and shipment of specimens.	
4-15-43	43-51	H-(8) psychologists at primary training stations, appropriate duties for.	
4-15-43	43-52	Disposition of aviation cadets, class V-5, U. S. N. R. found not physically qualified or temperamentally adapted for flight training.	Canceled—See BuPers Ltr.—Pers. 3635 MA.QR /P17-2, 8-7-44.

Date	Reference No.	Subject	Remarks
4-15-43	43-53	Biographical inventory, special instructions for administering.	Canceled—Served its purpose.
4-16-43	43-54	First-aid instruction and treatment of casualties; posters, as visual aids, for instruction in use of (1) individual first-aid packet (containing sulfonamides), and (2) emergency medical tag (new).	Do.
4-16-43	43-55	Inventory, Medical Department equipment and Medical Supply Catalog supplies.	Canceled—Action completed.
4-20-43	43-56	Subsistence and quarters in kind for members of the Navy Nurse Corps.	Canceled—See MMD.
4-22-43	43-57	Reciprocal medical and hospital care of members of the armed forces of the United States and Canada when furnished by available facilities under the jurisdiction of their respective services.	Do.
4-24-43	43-58	Treatment of gonorrhea among armed guard personnel.	
4-26-43	43-59	Reduction in allowance of litters, metal pole (stock No. 6-145, Supply Catalog, MD, U. S. N.).	
4-26-43	43-60	Ships' annual Medical Department requisitions for fiscal year, 1944.	Canceled—Outdated.
4-26-43	43-61	Monthly report of neuropsychiatric patients.	Canceled—See MMD.
4-26-43	43-62	Deaths occurring on shore stations other than at naval hospitals; procedures for reporting, care and disposition of remains.	Do.
4-26-43	43-63	Rejections of aviation cadet applicants by medical examinations, reports on.	Canceled—Outdated.
4-27-43	43-64	Medical records of enlisted men discharged from the naval service by reason of physical disability.	Do.
4-28-43	43-65	Hospitalization of dependents; finances.	Do.
4-29-43	43-66	Instructions for Boards of Medical Survey reporting on officer patients.	
5-6-43	43-67	Change in correspondence and file practice.	
5-7-43	43-68	Keel Cross medical psychiatric social work graduate students.	
5-12-43	43-69	Medical motion pictures, distribution of.	Canceled—See NAVMED 150.
5-14-43	43-70	Disposition of enlisted men of the Marine Corps disabled in line of duty.	Canceled—See ltr. 44-46, 3-16-44.
5-15-43	43-71	Serologic test for syphilis on candidates for appointment in category A-V (P) and enlistment in class V-5.	Canceled—Outdated.
5-15-43	43-72	Photofluoroscopic copy of examination of the chest of candidates for enlistment in class V-5, Naval Reserve, and for appointment in category A-V (P).	Do.
5-17-43	43-73	Suspension of reimbursement covering hospitalization of Army and Navy personnel overseas.	Canceled—See MMD.
5-17-43	43-74	Attrited aviation cadets, request for list of.	Canceled—Outdated.
5-19-43	43-75	Aviation training statistics card, transferal of data from.	Do.
5-19-43	43-76	Industrial incentive work—Assignment of convalescent personnel thereto.	
5-20-43	43-77	"References for naval neuropsychiatric services".	Canceled—See MMD.
5-20-43	43-78	Designation on Form F card of aviation personnel admitted to the sick list.	
5-21-43	43-79	Directions for prevention and decontamination of mustard gas and lewisite casualties by use of S-461 ointment and BAL ointment.	Canceled—see NAVMED 220.
5-21-43	43-80	Training of hospital corpsmen for qualified assistant in property and accounting.	Canceled—Served its purpose.
5-21-43	43-81	Ship's service store.	
5-22-43	43-82	Hospital maternity and infant care for wives and infants of enlisted men.	Canceled—See MMD.
5-24-43	43-83	Physical examination for active duty in the Navy V-12 program.	
5-24-43	43-84	Ship's allotments, fiscal year 1944—funds under the cognizance of the Bureau of Medicine and Surgery.	Canceled—Outdated.
5-25-43	43-85	Filariasis (wuchereria bancrofti)—Administrative control of infected personnel.	Canceled—See ltr. 45 3-28-45.
5-27-43	43-86	Nontransfer of patients' records to hospitals under certain conditions.	Canceled—See MMD.
5-27-43	43-87	Convalescent leave for enlisted patients in naval hospitals.	Canceled—Served its purpose.
5-28-43	43-88	Individual first-aid packet (containing sulfonamides), re: interpretation of allowance.	Do.
5-29-43	43-89	Physical standards for acceptance for the naval forces under joint induction procedure.	
5-29-43	43-90	Recommendations for course of instruction in epidemiology.	Canceled—Outdated.
5-29-43	43-91	Medical department personnel serving in flight preparatory and CAA-WTS schools.	Do.
6-4-43	43-92	Uniform charge for interdepartmental hospitalization.	Do.

Date	Reference No.	Subject	Remarks
6-8-43	43-93	Boards of Medical Survey, instructions for	Canceled—See MMD.
6-10-43	43-94	Convalescent leave for enlisted patients in naval hospitals, reporting of.	
6-11-43	43-95	Fine screen test and biographical inventory, administration of.	Canceled—See ltr. 44-82, 5-15-44.
6-11-43	43-96	Contract for care of the dead; supplemental contracts.	Canceled—Served its purpose.
6-14-43	43-97	Contract for care of the dead, fiscal year, 1944.	Canceled—Action completed.
6-17-43	43-98	Prosthetic dental treatment—Authorization of	Canceled—See MMD.
6-18-43	43-99	Medical services and facilities for V-12 units in the Navy college training program.	Canceled—Served its purpose.
6-23-43	43-100	Assignment of premedical and pre dental students in the Navy V-12 program to duty under instruction in naval hospitals.	Do.
6-24-43	43-101	Oxygen indoctrination program, administrative matters, pertaining to.	Do.
6-25-43	43-102	Radar, no evidence of injury to personnel; discontinuation of "dental film-paper fastener test."	Do.
6-28-43	43-103	Naval hospital fund, abolishment of.	Do.
6-29-43	43-104	Accounting instructions.	Do.
6-30-43	43-105	Origin of neuropsychiatric disorders in patients who have been exposed to combat conditions.	Canceled—Obsolete.
7-3-43	43-106	Rejections for enlistment in class V-10, H(W), U. S. Naval Reserve.	
7-3-43	43-107	Care of the dead, U. S. Coast Guard.	Canceled—See MMD.
7-5-43	43-108	Letter of information and instructions on the use of penicillin.	Canceled—See ltr. 45-127, 5-18-45.
7-5-43	43-109	Designation of aviation squadrons (or units) on Form F card—instructions for.	Canceled—See MMD.
7-5-43	43-110	American Red Cross psychiatric social service.	
7-10-43	43-111	Procurement of narcotic drugs by Navy V-12 medical units.	
7-12-43	43-112	First-aid kits, auxiliary.	Canceled—Served its purpose.
7-23-43	43-113	Suspension of reimbursement covering hospitalization of Army and Navy personnel on active duty.	Canceled—See MMD.
7-24-43	43-114	Gas casualties—prevention and treatment.	
7-27-43	43-115	Dental technologists prosthetic.	Canceled—Outdated.
7-27-43	43-116	Naval hospital care for accredited Red Cross representatives.	Canceled—See MMD.
7-27-43	43-117	Transfer of Navy patients to Veterans' Administration facilities.	
7-28-43	43-118	Conservation of manpower—Police and Fire Protection.	
7-29-43	43-119	Hospitalization of dependents of British naval personnel.	Do.
7-29-43	43-120	Type of patients that may be transferred to U. S. naval special hospitals.	Canceled—See ltr. 45-77, 3-20-45.
8-2-43	43-121	Use of plague vaccine.	Canceled—See MMD.
8-2-43	43-122	Change in correspondence and file practice.	
8-2-43	43-123	Civil-service personnel under Navy Department; recording of accidents and occupational diseases.	
8-3-43	43-124	Collection of mosquito specimens.	Canceled—Outdated.
8-3-43	43-125	Immunization procedures for naval aviation cadets.	Canceled—Served its purpose.
8-5-43	43-126	Changes in Manual of the Medical Department.	
8-5-43	43-127	Pre-dental students in the Navy V-12 program under instruction in naval hospitals.	
8-5-43	43-128	Pharmacist's mates for submarine training.	Canceled—Reports discontinued.
8-5-43	43-129	Monthly hospital census of Navy and Marine Corps patients evacuated from overseas.	Canceled—Action completed.
8-9-43	43-130	Training aids—Hospital Corps.	
8-10-43	43-131	Group IV (b) employees, and groups I, II, and III of the labor helper, and mechanical service, group IV (a) of the supervisory mechanical service, the commissary, and the laundry service reports of charges by appropriations budget purposes.	
8-16-43	43-132	Quarterly report of hospital bed capacities, submission of.	Canceled—See MMD.
8-16-43	43-133	Allocation of beds for ex-service women beneficiaries of the Veterans' Administration.	Canceled—Outdated.
8-16-43	43-134	Men to be released for sea duty by V-10 enlisted women, report of.	
8-18-43	43-135	Report of allotment expenditures and obligations, NAVMED B, modification of.	Canceled—See ltr. 43-187, 12-29-43.
8-19-43	43-136	Transfer of Marine Corps patients to Veterans' Administration facilities.	

Date	Reference No.	Subject	Remarks
8-21-43	43-137	Hospital maternity and infant care for wives and infants of enlisted men.	Canceled—See MMD.
8-21-43	43-138	Penicillin, appeals, for, to the Bureau of Medicine and Surgery.	Canceled—See ltr. 45-127, 5-18-45.
8-23-43	43-139	Transfer of Navy patients to Veterans' Administration facilities.	
8-27-43	43-140	Officers fit for duty—Report of medical survey in case of.	Canceled—Served its purpose.
8-28-43	43-141	Change in pay basis of civilian employees at naval hospitals.	Canceled—Outdated.
9-1-43	43-142	Annual estimates of expenditures, field activities, Medicine and Surgery, fiscal year, 1945.	Do.
9-6-43	43-143	Luminous materials for shipboard use.	Do.
9-6-43	43-144	Recommendations for course of instruction in epidemiology and malariology.	
9-7-43	43-145	Correspondence—Request for additional copies.	
9-11-43	43-146	Donations of money to naval hospitals; disposition of.	
9-11-43	43-147	War Department Technical Manual TM 10-420, "Emergency Food Plants and Poisonous Plants of the Islands of the Pacific," availability of (Supply Catalog Stock No. S16-2004).	Canceled—Obsolete.
10-1-43	43-148	Out-patient medical attention—dependents.	Canceled—See MMD.
10-1-43	43-149	Availability of technician for adjustment and repair of electrocardiograph and basal metabolism machines.	Canceled—Served its purpose.
10-2-43	43-150	Examination for appointment in the Dental Corps, U. S. Navy.	Canceled—Action completed.
10-4-43	43-151	Acceptance by Medical Department of Red Cross supplies and services.	Do.
10-4-43	43-152	Assignment of recreation officer.	
10-5-43	43-153	Official bed capacity.	
10-8-43	43-154	Navy optical units.	
10-8-43	43-155	Quarterly ration return.	
10-8-43	43-156	Preservation of files of ships' and stations' newspapers and periodicals.	Canceled—See ltr. 44-91, 5-22-44.
10-15-43	43-157	Admendment to schedule of wages changing pay status of certain Medical Department employees.	Canceled—Outdated.
10-26-43	43-158	Instructions for Boards of Medical Survey. Statement re: origin of disability.	Do.
10-27-43	43-159	Hospital Corpsmen received as or change in to a patient status, information concerning on a NavMed HC Form 3 card.	Canceled—See ltr. 44-78, 5-13-44.
11-8-43	43-160	Schedule of APA material (title 6-L) received by Medical Department activities—Preparation and submission of.	Canceled—See ltr. 43-187, 12-29-43.
11-12-43	43-161	U. S. Marine hospitals and relief stations; list of.	
11-13-43	43-162	Quarters, heat, light, household, equipment, subsistence, and laundry service furnished certain civil employees of the Medical Department.	Canceled—See ltr. 44-99, 5-31-44.
11-17-43	43-163	Standard form for reporting on the sanitary condition of a vessel.	Canceled—See MMD.
11-17-43	43-164	Convalescent leave with authority to report to U. S. Naval Hospital, Great Lakes, Ill.	Canceled—Served its purpose.
11-18-43	43-165	Assignment and housing of Hospital Corps; monthly report of.	Canceled—See MMD.
11-18-43	43-166	Land, buildings, and property report.	Canceled—Outdated; See 45-118; 5-8-45.
11-20-43	43-167	Convalescent leave for neuropsychiatric patients.	Canceled—Obsolete.
11-20-43	43-168	Aviation training record card (Form ATR-1).	Canceled—Outdated.
11-22-43	43-169	Navy manpower survey board.	Canceled—See MMD.
11-22-43	43-170	Hospital corpsmen—Recording special qualifications on NAVMED HC-3 card.	Canceled—See ltr. 45-3, 1-4-45.
11-23-43	43-171	Photofluoroscopic examination of the chests of recruits.	Canceled—See MMD.
11-25-43	43-172	Historical data, inclusion of in annual sanitary report.	Canceled—Served its purpose.
11-25-43	43-173	Aviation training statistics, discontinuance of monthly report by aviation psychology section.	Canceled—See ltr. 45-92, 4-15-45.
11-29-43	43-174	Medical stores, modification of control, issue, and invoicing procedures.	Canceled—Served its purpose.
12-1-43	43-175	Hospital corpsmen having qualifications in manufacture of orthopedic appliances.	
12-3-43	43-176	Training of members of the Hospital Corps, women, in property and accounting.	
12-6-43	43-177	Manual of the Medical Department, change No. 2.	Canceled—See MMD.
12-7-43	43-178	Training of members of the Hospital Corps, women, in property and accounting.	Do.
12-9-43	43-179	Venereal disease educational posters—Monthly distribution of.	

RESTRICTED

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Date	Reference No.	Subject	Remarks
12-14-43	43-180	Microscopes, issue of to vessels.....	Canceled—Served its purpose.
12-18-43	43-181	Benzedrine sulfate; procurement, dosage and effects of.	
12-20-43	43-182	Benzedrine sulfate, tactical and emergency use of.	
12-20-43	43-183	Venereal disease posters, display of.....	Canceled—Served its purpose.
12-20-43	43-184	Quarterly ration return.....	Canceled—See ltr. 44-19, 5-22-44.
12-20-43	43-185	Leaflet, "To a Young Woman Entering the Navy" (BuMed restricted), and motion-picture film, "Personal Hygiene for Women" (MN-1712, restricted), distribution of.	
12-21-43	43-186	Payment for emergency medical, dental, and hospital treatment of naval personnel outside the United States.	Canceled—See MMD.
12-29-43	43-187	Report of allotment expenditures and obligations, NAVMED B.	
1-1-44	44-1	Reports of medical survey in the cases of enlisted men after 3 months on the sick list.	Do.
1-4-44	44-2	Malaria indoctrination of personnel departing for malarious areas.	
1-5-44	44-3	Marine Corps personnel brought before Boards of Medical Survey, disposition in cases with disciplinary action pending.	
1-6-44	44-4	Personal decontamination: Liquid vesicant gases...	Canceled—See NAVMED 220.
1-6-44	44-5	Prevention and treatment of casualties from non-persistent war gases.	Do.
1-7-44	44-6	Medical stores: Penicillin.....	Canceled—See ltr. 45-127, 5-18-45.
1-7-44	44-7	Letter of information and instruction on the use of penicillin.	Do.
1-11-44	44-8	Transfer of naval and Marine Corps patients to Veterans' Administration facilities.	
1-18-44	44-9	Damaged health records, disposition of.....	Canceled—See MMD.
1-20-44	44-10	Plan and procedure for elimination of recruits unfit for service by reason of psychiatric or neurologic handicaps.	Canceled—See ltr. 44-146, 7-29-44.
1-20-44	44-11	Quarterly report of patient bed capacities.....	Canceled—See MMD.
1-21-44	44-12	Notification of recommendation for discharges for physical disability of enlisted personnel of the U. S. Marine Corps.	
1-22-44	44-13	Health records, disposition of.....	Canceled—Served its purpose.
1-24-44	44-14	Prescriptions for spectacle lenses to be entered in health record.	Canceled—See MMD.
1-24-44	44-15	Instruction, rating and assignment; Hospital Corps personnel.	
1-26-44	44-16	Control of streptococcal diseases.	
1-27-44	44-17	Weekly hospital report of patients, NAVMED I (3419, 3553, 3555), Circular Letter I, Appendix D, Manual of the Medical Department, U. S. N.—revision of, effective at once.	Do.
1-28-44	44-18	Medical stores, narcotics, safeguarding of.	
1-28-44	44-19	Medical survey of Coast Guard personnel, forwarding of.	Do.
2-7-44	44-20	Malaria indoctrination of personnel departing for malarious areas, re: Delivery and distribution of training manuals and posters.	
2-7-44	44-21	Assignment of quarters to Red Cross personnel attached to hospitals.	Canceled—See ltr. 45-75, 3-17-45.
2-8-44	44-22	Officers admitted to hospitals while under orders involving change of station.	Canceled—Served its purpose.
2-9-44	44-23	Amputation cases to be transferred to U. S. Naval Hospital, Mare Island, Calif.	Canceled—See MMD.
2-9-44	44-24	Postwar planning—Fixed plant and capital equipment owned by the Navy.	Canceled—See ltr. 45-118, 5-8-45.
2-11-44	44-25	Ship medical department allotments, fiscal year, 1945.	Canceled—Outdated.
2-11-44	44-26	Duties of district dental officers.....	Canceled—See MMD.
2-15-44	44-27	Transfer of patients suffering from anterior poliomyelitis to U. S. Naval Hospital, Corona, Calif.	Do.
2-15-44	44-27	Venereal-disease educational leaflets, distribution of.	Canceled—Served its purpose.
2-17-44	44-29	Coast Guard personnel—Medical and hospital care by Medical Department of Navy.	Canceled—See MMD.
2-17-44	44-30	Medical stores, solicitation and acceptance of from civilian agencies.	
2-18-44	44-31	H (S) psychologists at flight prep. schools, appropriate duties for.	Canceled—Outdated.

Date	Reference No.	Subject	Remarks
2-23-44	44-32	Training of enlisted personnel as fire fighters.....	Canceled—Served its purpose.
2-23-44	44-33	Penicillin therapy of gonococcus infections, modification of.	Canceled—See ltr. 45-127, 5-18-45.
2-24-44	44-34	Convalescent leave with authority to report to U. S. Naval Hospital, Bethesda, Md.	Canceled—Outdated.
2-26-44	44-35	Establishment of branch offices by the Veterans' Administration in the 9 Army service command areas to act on pension claims of World War II veterans.	
2-29-44	44-36	Human plasma, distribution and use of.....	Canceled—Served its purpose.
2-29-44	44-37	Plan and procedure for elimination of recruits unfit for service by reason of psychiatric or neurologic handicaps, at Marine recruit depots.	
3-1-44	44-38	Physical examinations for officers assigned to duty outside the continental limits.	Modified—See ltr. 44-195, 10-5-44.
3-3-44	44-39	Designation of U. S. Naval Hospital, Corona, Calif., as a rheumatic fever hospital.	Canceled—See MMD.
3-6-44	44-40	Dysenteries, diagnosis and treatment.	
3-8-44	44-41	Report of dental prosthetic treatment.....	
3-10-44	44-42	Veterans' Administration representatives to be assigned to naval hospitals for duty in connection with Veterans' affairs.	Do.
3-10-44	44-43	Procedure for the preparation and submission of medical records and reports of Army patients in oversea Navy medical units and Navy patients in oversea Army medical units.	
3-14-44	44-44	Establishment of branch offices by the Veterans' Administration in the Army service command areas to act on pension claims of World War II veterans.	
3-15-44	44-45	Tests used in the selection and classification of student naval aviators and student naval aviation pilots.	
3-16-44	44-46	Disposition of enlisted men of the Marine Corps disabled in line of duty.	
3-17-44	44-47	Treatment of rheumatic fever patients.....	
3-22-44	44-48	Radium plaque adaptometer (night vision): distribution; training Q RPA operators; testing naval personnel; instructions and program with respect to.	Modified—See ltr. 45-77, 3-20-45.
3-24-44	44-49	Modification of field medical units and deletion of certain units in battalion and headquarters outfits; request for recommendations re.	Modified—See ltrs. 44-105, 6-8-44; 44-144, 7-25-44, and Cir. ltr. 9-14-45 (N. D. Bull. 45-1317).
3-29-44	44-50	Amputations, policy concerning.	Canceled—Action completed.
3-30-44	44-51	Enlisted personnel with BuPers approved classification for limited shore duty.	
3-30-44	44-52	Neuropsychiatric patients transferred to the Naval Hospital, Bethesda, Md., for admission to St. Elizabeth's Hospital.	
3-30-44	44-53	Life insurance claims and medical records.	Canceled—See MMD.
4-5-44	44-54	Information for next of kin regarding allowance on secondary funeral expenses.	
4-8-44	44-55	Weekly morbidity report, NavMed 172	Do.
4-12-44	44-56	Convalescent leave with authority to report to U. S. Naval Hospital, Chelsea, Mass.	Canceled — Served its purpose.
4-18-44	44-57	Army publications.....	Modified—See ltr. 44-181, 9-21-44 and 45-38, 2-15-45.
4-12-44	44-58	Rehabilitation program of the Medical Department of the U. S. Navy.	Canceled—See NAVMED 716.
4-14-44	44-59	Surveys and disposition of Medical Department property.	Canceled — Served its purpose.
4-15-44	44-60	Radar operation not harmful to the eyes.	
4-19-44	44-61	Red Cross whole blood, type O, available to military hospitals.	
4-20-44	44-62	Transfer of Marine Corps personnel with malaria and filariasis to Marine barracks, Klamath Falls, Ore.	
4-21-44	44-63	Hospitalization or in-patient care of dependents; accountability for funds.	Canceled—See MMD.
4-21-44	44-64	Par. 1535, physical examination of officers and enlisted men for submarine service, Manual of the Medical Department.	Do.
4-21-44	44-65	Limited-duty personnel—malaria and filariasis.....	Canceled—See ltr. 45-135, 5-28-45.
4-24-44	44-66	Field news publications of naval medical activities; copies of 'back and current numbers' for Army Medical Library, Washington, D. C.	

Date	Reference No.	Subject	Remarks
4-25-44	44-67	Medical Department property-inventory, physical classification and reporting of, for plant accounts purposes.	Modified—See ltr. 45-37, 2-15-45.
4-26-44	44-68	Enlisted ratings in continental naval hospitals, Hospital Corps schools and NMSD's; information concerning.	Modified—See ltrs. 44-92, 5-23-44 and 44-124, 7-1-44.
4-30-44	44-69	Cancellations in the Manual of the Medical Department, U. S. Navy.	Canceled—Served its purpose.
5-1-44	44-70	Requisitions for medical supplies and equipment	Canceled—See ltr. 45-92, 4-15-45.
5-2-44	44-71	Immunization certification	Modified—See ltr. 45-145, 6-8-45.
5-2-44	44-72	Cases of deafness and speech defects, reporting of.	Canceled—Reports discontinued.
5-5-44	44-73	Ambulatory treatment of venereal disease.	Modified—See AINAVS 231, 12-28-44 and 33, 2-8-45.
5-10-44	44-74	Serum albumin (human), distribution and use of.	Canceled—See MMD. Do.
5-11-44	44-75	Photographic evidence of rehabilitation efforts	Do.
5-12-44	44-76	NavMed Form HF-60; abolition of, and instructions regarding use of new standard form of Government bill of lading.	Do.
5-13-44	44-77	Medical disposition of personnel regarding whom disciplinary action is pending or contemplated.	Do.
5-13-44	44-78	Circular Letter M-6, receipt, transfer and disposition card (NAVMED HC-3)—preparation and submission of.	Do.
5-13-44	44-79	Circular Letter M-7, roster report of the hospital Corps (NAVMED HC-4)—preparation and submission of.	Do.
5-15-44	44-80	Par. 2405 (b), Manual of the Medical Department, U. S. Navy, 1938.	Do.
5-14-44	44-81	Venereal disease contact reporting, form and procedure for.	Do.
5-15-44	44-82	Aviation pilot selection tests, administration of.	Do.
5-15-44	44-83	Venereal disease contact reporting.	Do.
5-15-44	44-84	Dry-cell batteries.	Do.
5-17-44	44-85	Uniform charge for interdepartmental hospitalization.	Canceled—See ltr. 45-130, 5-21-45.
5-17-44	44-86	Annual maintenance and repair program.	Canceled—See ltr. 45-154, 6-16-45.
5-18-44	44-87	Survey—the effect of burning and welding fumes, gases, and vapors on United States navy yard employees.	Canceled—Outdated.
5-18-44	44-88	Occupational therapy equipment.	Canceled—Served its purpose.
5-18-44	44-89	Navy Nurse Corps; commissioned rank; laws applicable.	Canceled—See MMD.
5-20-44	44-90	Medical Department property-inventory, physical classification and reporting of, for plant account purposes.	Canceled—See ltr. 45-37, 2-15-45.
5-22-44	44-91	Ration record return, Form 36.	
5-23-44	44-92	Enlisted ratings in continental NavHosp's, Hospital Corps schools and NMSD's; information concerning.	
5-26-44	44-93	Expansion of facilities by construction or acquisition.	Canceled—See Joint Cir. Ltr. 8-2-45 (N. D. Bull., Item 45-998).
5-27-44	44-94	Release from active duty and retirement of enlisted men.	Canceled—See MMD.
5-27-44	44-95	Use of proper Fa card forms.	Canceled—Served its purpose.
5-30-44	44-96	Hospital maternity and infant care for wives and infants of enlisted men.	Modified—See ltr. 44-148, 7-29-44.
5-30-44	44-97	Dental Burs, requisitioning of.	Canceled—See MMD.
5-31-44	44-98	Penicillin therapy, discontinuance of summary monthly reports of.	Canceled—See BuMed Cir. Ltr. 9-4-45 (limited circulation).
5-31-44	44-99	Quarters, heat, light, household equipment, subsistence and laundry furnished certain civil employees of the Medical Department.	Canceled—Outdated.
6-1-44	44-100	Emergency medical tag (revised), NAVMED 210, purpose and procedure for the preparation and submission of.	Canceled—See MMD.
6-3-44	44-101	Policy on publicity regarding neuropsychiatry.	Canceled—See BuMed Cir. Ltr. 9-4-45 (limited circulation).
6-5-44	44-102	Establishment of banking facilities at naval hospitals.	Canceled—See MMD.
6-6-44	44-103	Participation in the scientific exhibit section, association of military surgeons meeting, Nov. 2, 3, 4, at New York City.	Canceled—Outdated.
6-8-44	44-104	Hospitalization and medical care of dependents of naval personnel and others.	

Date	Reference No.	Subject	Remarks
6-8-44	44-105	Radium plaque adaptometers, distribution of.	
6-9-44	44-106	Medical stores, modification of control, issue and invoicing procedures at medical supply depots and storehouses and at medical sections of inland naval supply depots.	Canceled—See ltr. 45-153, 6-15-45.
6-12-44	44-107	Hospital accounting instructions.	
6-12-44	44-108	Examination for appointment in the Dental Corps, U. S. Navy.	Canceled—Action completed.
6-13-44	44-109	Roentgenographic examinations of the chests of Navy and Marine Corps personnel.	Canceled—See ltr. 45-3, 1-4-45.
6-13-44	44-110	Reporting personnel actions, discontinuance of -----	Canceled—Served its purpose.
6-13-44	44-111	Procedure for the preparation and submission of medical records and reports of Navy patients in overseas Army medical units.	
6-14-44	44-112	Medical stores requisition, NMS Form 4—preparation and submission of.	Canceled—See ltr. 45-92, 4-15-45.
6-16-44	44-113	Monthly report of neuropsychiatric patients-----	Canceled—See MMD. Do.
6-17-44	44-114	Remains of dead—Report of disposition and expenditures in connection therewith.	
6-17-44	44-115	Prevention of ear damage—Directions for the use of the V-51 (R) NDRC ear warden.	
6-20-44	44-116	The detection of chemical warfare agents in water.	Canceled—Action completed.
6-21-44	44-117	Field medical units; deletions and additions of -----	Canceled—See MMD.
6-22-44	44-118	Civil-service personnel under the Navy Department, recording of injuries and industrial illnesses.	
6-22-44	44-119	Contract for care of the dead, fiscal year, 1945-----	Canceled—Served its purpose.
6-26-44	44-120	Use of typhus fever vaccine-----	Canceled—See MMD.
6-27-44	44-121	Care of dead at naval activities having annual contracts.	Do.
6-28-44	44-122	Venereal disease educational leaflets; distribution of.	Canceled—Outdated.
6-29-44	44-123	Malaria—recommendations for suppressive treatment (chemoprophylaxis).	
7-1-44	44-124	Enlisted ratings in continental naval hospitals, Hospital Corps Schools, and NMDS's; information concerning.	
7-1-44	44-125	Requirements for replacement machine tools and capital equipment to modernize the permanent naval establishment.	Canceled—Action completed.
7-8-44	44-126	Letter of information and instruction on the use of casein hydrolysate (amigen).	
7-4-44	44-127	Night vision testing of ships' crews in port, personnel of fleet operational training activities and personnel temporarily attached to receiving stations.	
7-4-44	44-128	Bilateral blindness; policy for disposition of cases of -----	
7-5-44	44-129	Forwarding of subcultures of all enteric pathogens.	Canceled—See ltr. 45-77, 3-20-45.
7-5-44	44-130	Cadet nurses—Reporting of hospitalization of -----	Modified—See ltr. 44-202, 10-13-44.
7-5-44	44-131	Deafness; policy for disposition of cases of -----	Canceled—See ltr. 45-77, 3-20-45.
7-8-44	44-132	Occupational therapy facilities-----	Canceled—Served its purpose.
7-10-44	44-133	Malaria—Recommendations concerning the treatment of clinical malaria.	
7-11-44	44-134	Boards of medical survey, instructions for-----	Canceled—See MMD.
7-12-44	44-135	Assignment of Red Cross personnel with Medical Department in overseas service.	
7-13-44	44-136	Convalescent leave with authority to report to U. S. Naval Hospital, Great Lakes, Ill.	Canceled—Served its purpose.
7-14-44	44-137	Officers, class II (W) U. S. N. R. (specialty—physical therapy), outline of practical training.	Canceled—See ltr. 45-13, 1-16-45.
7-17-44	44-138	Officers, class H (W), U. S. N. R. (specialty—occupational therapy), outline of practical training.	
7-17-44	44-139	Photofluorographic equipment required for the examination of the chests of all naval and Marine Corps personnel, information concerning, request for.	Canceled—See ltr. 45-3, l-4-45.
7-18-44	44-140	Instructions for processing reports of medical survey in the case of officers of the U. S. Marine Corps and U. S. Marine Corps Reserve found to be fit for duty by boards of medical survey.	
7-18-44	44-141	"Meet a rehabilitated veteran"; distribution of -----	Canceled—Served its purpose.
7-19-44	44-142	Management and transport of chemical warfare casualties in naval and Marine forces.	
7-21-44	44-143	Pars. 3082, 3083, 3084, and 3085, Manual of the Medical Department, addition of.	Canceled—See MMD.
7-26-44	44-144	Radium plaque adaptometer night vision test cards.	

Date	Reference No.	Subject	Remarks
7-28-44	44-145	Chlorinated solvents, methyl chloride and methyl bromide—health hazards of.	Modified—See ltr. 44-207, 10-21-44.
7-29-44	44-146	Plan and procedure for elimination of recruits unfit for service by reason of psychiatric or neurologic handicaps.	Canceled—See ltr. 45-154, 6-16-45.
7-29-44	44-147	Annual work request and specific work request-----	
7-29-44	44-148	Quarters, heat, light, household equipment, subsistence and laundry furnished civil employees of the Medical Department.	
8-1-44	44-149	Occupational therapy department; accounting and—reporting procedures.	
8-5-44	44-150	Civil-service personnel actions with labor boards and the Civil Service Commission, clearance of.	Modified—See BuMed Cir. Ltr. 7-7-45 (N. D. Bull. Item 45-801) and 8-27-45 (N. D. Bull. Item 45-1195). Canceled—Outdated.
8-5-44	44-151	Estimates for public works, fiscal year, 1946-----	Canceled — Action completed.
8-8-44	44-152	Estimate of civilian personnel subject to Public Law 49 to be required during the period 1 Oct. 1944 to 31 Dec. 1944.	Canceled—Outdated.
8-9-44	44-153	Quarantine with reference to aircraft and passengers.	Canceled—See MMD.
8-11-44	44-154	Inactive Medical Department records and Medical Department records of decommissioned activities—Transfer to naval records management centers.	Modified—See ltr. 45-150, 6-12-45.
8-12-44	44-155	Photocopying equipment for medical records-----	Modified—See ltr. 44-240, 11-20-44.
8-14-44	44-156	Cases of deafness and speech defects; reporting of-----	Canceled—Served its purpose. Do.
8-14-44	44-157	Manual of the Medical Department, page changes for.	Canceled—See MMD.
8-15-44	44-158	Hospitalization and medical care of dependents of naval personnel.	Canceled—Served its purpose. Do.
8-15-44	44-159	Naval convalescent hospitals in the Eleventh Naval District.	
8-18-44	44-160	Establishment of the professional division and reorganization of the preventive medicine division, BuMed.	
8-19-44	44-161	Normal patient bed capacity at dispensaries-----	Canceled — Action completed.
8-19-44	44-162	Penicillin therapy of gonococcus infections-----	Canceled—See ltr. 45-127, 5-18-45.
8-21-44	44-163	Annual physical examinations-----	Canceled—Served its purpose.
8-23-44	44-164	Quarterly apportionment of annual allotments, utilization of.	Canceled—See ltr. 45-142, 6-5-45.
8-23-44	44-165	Pension claims and medical records of men discharged from the naval service by reason of physical disability.	
8-25-44	44-166	Preparation of pension claims (V. A. Form 526).	
8-25-44	44-167	Telegrams sent to naval hospitals announcing the arrival of Navy and Marine Corps patients at Veterans' Administration facilities.	
8-26-44	44-168	Physical examinations for officers assigned to duty outside the continental limits.	
8-26-44	44-169	Civilian medical and hospital treatment of enlisted personnel of the Navy and Marine Corps on leave or liberty.	Canceled—See MMD.
8-28-44	44-170	Donation of rebuilt radios by the Philco Corporation.	Canceled—Served its purpose. Do.
8-30-44	44-171	Convalescent leave with authority to report to U. S. Naval Hospital, Chelsea, Mass.	Do.
9-1-44	44-172	BUMED, estimates of expenditures, fiscal year, 1946.	
9-1-44	44-173	Annual estimates of expenditures, field activities, fiscal year, 1946.	
9-2-44	44-174	Section 104 of the Servicemen's Readjustment Act of 1944.	
9-12-44	44-175	Hospitalization of civil-service employees, female-----	Canceled—See MMD.
9-13-44	44-176	Roentgenographic examination of chests of all naval and Marine Corps personnel.	Canceled—See ltr. 45-3, 1-4-45.
9-15-44	44-177	Penicillin therapy of early and latent syphilis-----	Canceled—See ltr. 45-127, 5-18-45.
9-18-44	44-178	Assignment of a nurse in each station to further public relations work for the Nurse Corps, U. S. Navy.	Canceled—Served its purpose.
9-18-44	44-179	Addition and corrections, Manual of Medical Department—Diagnostic nomenclature of diseases and injuries, ch. 15 and appendix A.	Canceled—See MMD.
9-20-44	44-180	Physical requirements for officers and enlisted men for motor-torpedo-boat training, establishment of.	Do.
9-21-44	44-181	Army publications, supplemental list of.	

Date	Reference No.	Subject	Remarks
9-26-44	44-182	Impregnation of clothing for protection against tsutsugamushi disease (scrub typhus).	
9-26-44	44-183	Publicity policy on malaria and malaria control.	Canceled—See MMD.
9-26-44	44-184	Weekly letter report of patient bed capacities and patient census.	
9-26-44	44-185	Field medical units, medical company outfit—additional allowance of.	Canceled—Action completed.
9-27-44	44-186	Surplus Medical Department materials and equipment in advanced areas.	Canceled—See revision No. 6 of surplus property disposition directive. Canceled—Outdated. Canceled—See MMD.
9-28-44	44-187	Hospital accounting instructions.	
9-28-44	44-188	Hospitalization and medical care of dependents of naval personnel and others.	
9-28-44	44-189	Forwarding of reports of medical survey to the Bureau of Medicine and Surgery by air mail; request for.	Do.
9-30-44	44-190	Sales of provisions.	Canceled—Served its purpose.
9-30-44	44-191	Altitude training unit report forms, replacement of.	
10-3-44	44-192	Accurate mailing address; request for.	Do.
10-3-44	44-193	Hospital accounting instructions.	Do.
10-4-44	44-194	Utilizing services of officers fit for duty awaiting discharge from treatment.	
10-5-44	44-195	Physical examinations for officers assigned to duty outside the continental limits.	
10-6-44	44-196	Filariasis registry, establishment of.	
10-11-44	44-197	Filariasis, administrative discharge from naval service of individuals with a history of.	Canceled—See ltr. 45-135, 5-28-45.
10-11-44	44-198	Policy relative to photofluorographic units; procurement, assignment, personnel, and operation of.	
10-12-44	44-199	Hospital patients, transportation of, via the Naval Air Transport Service.	Modified—See ltr. 45-2, 1-3-45.
10-12-44	44-200	Overseas casualties, officer and enlisted personnel, to naval hospitals in home localities; transfer of.	Canceled—See ltr. 45-42 2-21-45.
10-12-44	44-201	Convalescent leave for officers; reporting of.	Canceled—Served its purpose.
10-13-44	44-202	Cadet nurses—reporting of hospitalization.	
10-14-44	44-203	Accounting for and recording of materials or services received from or through, Procurement Division, Treasury Department, ultimately chargeable to BuMed appropriations by Treasury transfer and counter warrant.	
10-17-44	44-204	Enlisted men classified as physically qualified for limited duty only; policy regarding separation from the service in the cases of.	
10-20-44	44-205	Directory service.	Do.
10-20-44	44-206	Clinical records for the Veterans' Administration.	
10-21-44	44-207	Chlorinated solvents, methyl chloride and methyl bromide—heath hazards of.	
10-22-44	44-208	Physical training program for patients; establishment of.	
10-24-44	44-209	Members of the Women's Reserve; misconduct status in case of disabilities.	
10-24-44	44-210	Dental technicians—number, training, and promotion of.	Canceled—See MMD.
10-27-44	44-211	Photographic equipment and personnel; request for information concerning.	Canceled—Action completed.
10-27-44	44-212	Educational services function in the rehabilitation program of the Medical Department.	
10-27-44	44-213	Filariasis; reclassification of personnel with a history of duty without limitation as to area.	Canceled—See ltr. 45-135, 5-28-45.
10-28-44	44-214	Penicillin therapy; report of results of.	Canceled—See ltr. 45-127, 5-18-45.
10-28-44	44-215	Advance changes in the Manual of the Medical Department.	Canceled—See MMD.
10-28-44	44-216	Quinidine sulfate, estimate of requirements of.	Canceled—Action completed.
10-30-44	44-217	Gonorrhea and chancroid, sulfonamide prophylaxis of.	Modified—See ltr. 45-147, 6-9-45.
10-30-44	44-218	Pension claims and medical records of enlisted men discharged from the naval service by reason of physical disability.	
10-30-44	44-219	Physical examination prior to release from active duty or discharge from the naval service.	Canceled—See MMD and Joint Cir. Ltr. 8-2-45, (N. D. Bull, item 45-998).
11-1-44	44-220	Special monthly statistical summary of night vision tests (RPA).	Canceled—See MMD.
11-2-44	44-221	Professional qualifications form.	Canceled—Served its purpose.
11-2-44	44-222	Marine Corps officers in educational services program in naval hospitals.	

Date	Reference No.	Subject	Remarks
11-6-44	44-223	Estimate of civilian personnel subject to Public Law 49 to be required during the period of 1 Jan. 1945, to 31 Mar. 1945.	Canceled—Outdated.
11-8-44	44-224	Quarterly dental report, personnel, equipment, and facilities (NavMed 461), establishment of.	Canceled—See MMD.
11-8-44	44-225	Weekly letter report of patient bed capacities and patient census.	Do.
11-8-44	44-226	Dental treatment rendered personnel of United Nations eligible for receipt of lend-lease aid.	Do.
11-10-44	44-227	American Red Cross 16-mm. ward motion-picture program.	
11-11-44	44-228	Reimbursement covering hospitalization of Navy personnel in Public Health Service (marine) hospitals and Coast Guard personnel in Navy hospitals, suspension of.	
11-11-44	44-229	Bureau of Medicine and Surgery publications, blank forms, and circular letters furnished to naval vessels—information concerning.	
11-15-44	44-230	Coast Guard personnel—transfer to naval hospitals for rehabilitation program.	
11-15-44	44-231	Labor board facilities to serve patients about to be discharged from the service and/or to process civil-service personnel actions for local civilian employees; establishment of.	
11-15-44	44-232	Surplus property redistribution and disposal—Bureau of Medicine and Surgery.	Canceled—See ltr. 45-73, 3-17-45.
11-16-44	44-233	Christmas greetings to hospital patients by the American Legion.	Canceled—Outdated.
11-17-44	44-234	Civilian personnel actions—delegation of authority to medical officers in command.	Canceled—See ltr. 45-112, 5-1-45.
11-18-44	44-235	Monthly hospital census of Navy and Marine Corps patients evacuated from overseas.	Canceled—Served its purpose.
11-18-44	44-236	Hospitalization of dependents of naval personnel.	Canceled—See MMD.
11-18-44	44-237	Records of leasehold property; additions and alterations thereto.	
11-20-44	44-238	Rehabilitation program; quarterly report of progress.	Do.
11-20-44	44-239	Service number, use of on Form Fa (individual statistical report of patient).	Do.
11-20-44	44-240	Photocopying equipment for medical records.	Canceled—See BuPers cir. ltr. 14-45, 1-15-45 (N. D. Bull., item 45-38).
11-21-44	44-241	Enlisted personnel of the active list disabled for general service, disposition in the case of.	
11-23-44	44-242	American Red Cross participation in the conduct of special studies on naval personnel, request for.	
11-25-44	44-243	Immunization requirements in U. S. Navy.	
11-28-44	44-244	Procedure in connection with dental facilities projects at naval shore establishments.	
11-30-44	44-245	Quarantine with reference to aircraft and passengers.	
11-30-44	44-246	Quarterly sanitary report, establishment of, and discontinuance of monthly and annual sanitary report for shore stations only (including hospitals)—advance change in Manual of Medical Department.	Canceled—See MMD.
12-1-44	44-247	Survey and evaluation of Red Cross medical department activities.	
12-2-44	44-248	Physical examinations for officers assigned to duty outside the continental limits.	
12-7-44	44-249	Pamphlet entitled "Special Aids for Placing Naval Personnel in Civilian Jobs."	Do.
12-9-44	44-250	Venerel disease contact report.	Do.
12-11-44	44-251	Utilization of dispensary beds.	Do.
2-12-44	44-252	Report of dental operations and treatment, NavMed K (1942)—Revision of, effective in reporting operations and treatments beginning calendar year, 1945.	Canceled—See MMD.
12-13-44	44-253	Booklet entitled, "Restoring Injured Workers" -----	Canceled—Served its purpose.
12-13-44	44-254	Letters pertaining to establishment of labor board facilities at naval hospitals and convalescent hospitals, continental United States; transmittal of Service number or officer's file number, use of on Form NavMed Y and Form NavMed Av-1 reports of physical examination.	
12-14-44	44-255	Modification of usage in identifying Medical Department forms and publications.	
12-14-44	44-256	G. I. movies, availability of.	Canceled—See BuMed Cir. Ltr. 8-2-45 (N. D. Bull., Item 45-975).
12-15-44	44-257	Duties of chaplains in naval hospitals.	
12-15-44	44-258	Petroatum, liquid, stock No. 1-575, removal of from contents of boat box, stock No. 2-185, and from all life rafts, life floats, and floater nets.	
12-18-44	44-259		

Date	Reference No.	Subject	Remarks
12-20-44	44-260	Amalgam and precious-metal scrap, handling of.....	Canceled—See MMD.
12-20-44	44-261	Hospital ticket—Women, NAVMED 416.....	Do.
12-21-44	44-262	Program of public relations for procurement of Navy nurses.	Canceled—Action completed.
12-21-44	44-263	X-ray and electrocardiographic films, conservation and transfer of with patients.	
12-21-44	44-264	Form F, monthly report, abstract of patients, discontinuance of.	Canceled—Served its purpose.
12-22-44	44-265	Industrial health exposure chart, preparation and distribution of.	Canceled—Outdated.
12-23-44	44-266	Renewal of leases, procedure for.	
12-26-44	44-267	Type "A M" NAN receivers, personal safety in use, handling and storage of.	
12-26-44	44-268	Monthly industrial health report, establishment of.	Canceled—See MMD.
12-26-44	44-269	Physical examination prior to release from active duty or discharge from the naval service.	Canceled—See MMD and Joint Cir. Ltr. 8-2-45. (N. D. Bull. Item 45-998).
12-26-44	44-270	Inspection reports of district dental officers.....	Canceled—See MMD.
12-29-44	44-271	Pamphlet entitled, "War and Postwar Rehabilitation and Reconditioning."	Canceled—Served its purpose.
12-29-44	44-272	Government insurance.	
12-30-44	44-273	Health records, Nurse Corps, U. S. Naval Reserve; opening of.	Canceled—See MMD.
12-30-44	44-274	Naval hospitals, temporary ward buildings, installation of automatic sprinklers and fire walls.	
1-3-45	45-1	Labor roll summary (S and A. Form 184), preparation of.	Canceled—Served its purpose.
1-8-45	45-2	Hospital patients; transportation of via the Naval Air Transport Service.	Modified—See ltr. BuMed 45-10, 1-12-45 and Cir. ltr. 7-30-45 (Limited Circulation).
1-4-45	45-3	Roentgenographic examinations of the chests of Navy and Marine Corps personnel.	Modified—See ltr. 45-102 4-28-45.
1-5-45	45-4	Reporting of silicosis cases to U. S. Employees' Compensation Commission.	
1-9-45	45-5	Subsistence charges—U. S. Coast Guard officers and commissioned corps, U. S. Public Health Service, local collection of.	
1-9-45	45-6	Information and instructions relative to transfer of enlisted personnel to naval hospitals or hospital ships for treatment, or to receiving ships or receiving stations upon completion of hospitalization, concerning disciplinary action taken or pending.	
1-9-45	45-7	Weekly combine—Report of enlisted Hospital Corps personnel.	Modified—See ltr. 45-83, 3-30-45.
1-10-45	45-8	BAL in oil and BAL ointment in treatment of systemic poisoning caused by lewisite and other arsenical blister gases, use of.	Canceled—See NAVMED 220 (Revised).
1-12-45	45-9	Graduate training in medical specialties; formal approval for.	
1-12-45	45-10	Naval air transport hospital schedule; change in.	Modified—See ltrs. 45-15, 1-20-45; 45-31, 2-6-45 and 45-45, 2-22-45.
1-12-45	45-11	Authorizing medical officers in command naval hospitals on certain reports of medical survey without prior reference to Bureau of Medicine and Surgery and Bureau of Naval Personnel.	
1-13-45	45-12	Monthly report of discharged naval personnel submitted to district civil readjustment officers; forwarding copy of.	Canceled—See MMD.
1-16-45	45-13	Officers, class H (W), U. S. N. R., (specialty: physical therapy); clinical training of.	Canceled—Served its purpose.
1-19-45	45-14	Manual of privileges, rights, and benefits for veterans and their dependents.	Do.
1-20-45	45-15	Policy regarding disposition of enlisted men of the naval service disabled in line of duty.	
1-20-45	45-16	Hospital Corps enlisted personnel in Medical Department specialties, training of.	
1-20-45	45-17	Prerequisites to training courses listed in Catalog of Hospital Corps Schools and Courses, Revised 1944, to form basis for recommendations of or orders to enlisted personnel.	
1-20-45	45-18	Recommendations and orders for enlisted personnel to training courses listed in Catalog of Hospital Corps Schools and Courses, Revised 1944—Policy with respect to.	Canceled—See MMD.
1-22-45	45-19	The LEATHERNECK magazine, distribution of..	Canceled—Served its purpose.
1-23-45	45-20	Navy Nurse Corps, marriage of officers of.....	Modified—See ltr. 45-48, 2-22-45.
1-23-45	45-21	Inventory control program, 1945.	
1-23-45	45-22	Rehabilitation program, equipment and supplies for physical training in.	

Date	Reference No.	Subject	Remarks
1-25-45	45-23	Stock levels of medical stores, revision of.	
1-24-45	45-24	Prosthetic appliances board, establishment of.	
1-25-45	45-25	Storage space, report of.	
1-26-45	45-26	Quarterly estimate of civilian personnel subject to Public Law 49.	
1-27-45	45-27	Modification of usage in identifying Medical Department forms and publications.	Canceled—Served its purpose. Canceled—See BuMed Cir. Ltr. 8-2-45 (N. D. Bull. item 45-975).
1-29-45	45-28	Rental allowance, Marine Corps officers without dependents, patients at naval hospital within the United States.	
1-31-45	45-29	Graduate training in medical specialties, formal approval for.	
2-3-45	45-30	Inventory control program for 1945.	Canceled—See BuMed Cir. Ltr. 7-12-45 (limited circulation).
2-6-45	45-31	Authorizing medical officers in command naval hospitals on certain reports of medical survey without prior reference to Bureau of Medicine and Surgery and Bureau of Naval Personnel.	
2-8-45	45-32	Cases of asphyxia requiring resuscitative measures, report on.	Canceled—See MMD.
2-9-45	45-33	Morphine syrettes in aviation first-aid kits, handling of.	
2-10-45	45-34	Quarantine with reference to aircraft and passengers.	
2-12-45	45-35	Spectacles for Navy, Marine Corps, and Coast Guard personnel on active duty.	Canceled—See BuMed Cir. Ltr. 7-9-45 (ND Bull. 45-803). Do.
2-13-45	45-36	Pencillin therapy of early and latent syphilis.	
2-15-45	45-37	Medical Department property; inventory; physical classification and reporting of, for plant account purposes.	
2-15-45	45-38	Army publications, supplemental list of.	
2-17-45	45-39	Pencillin therapy, report of results of.	
2-19-45	45-40	Dental prosthetic facilities, adequacy of.	
2-21-45	45-41	Recordings of classical music, donation of albums of.	
2-21-45	45-42	Transfer of hospital patients within continental limits.	
2-21-45	45-43	Enlisted members of the Marine Corps awaiting discharge as result of medical survey to be released from United States naval hospitals and United States naval special hospitals to nearest Marine barracks.	Modified—See ltr. 45-160, 6-27-45.
2-21-45	45-44	Form P, report of surgical operations—revision of.	
2-22-45	45-45	Authorizing medical officers in command, naval hospitals and naval special hospitals to take final action on certain reports of medical survey without prior reference to Bureau of Medicine and Surgery and Bureau of Naval Personnel.	Canceled—See MMD.
2-22-45	45-46	Discontinuation of monthly communicable disease report; establishment of monthly morbidity report (Form NAVMED-582).	Do.
2-22-45	45-47	Revision of the "Diagnostic Nomenclature for the Medical Department of the U. S. Navy."	Do.
2-22-45	45-48	Navy Nurse Corps; marriage of officers of.	
2-22-45	45-49	Instructional guide for optical dispensing agencies.	
2-23-45	45-50	Additional designations in methods of taking up on the sick list, and resulting changes in the Manual of the Medical Department.	Do.
2-24-45	45-51	Dental operations and treatments, recording of.	
2-24-45	45-52	Use of officers of the Nurse Corps and the Hospital Corps for routine, nontechnical assignments; reduction of.	
2-24-45	45-53	Changes in Manual of the Medical Department.	
2-26-45	45-54	Deaths overseas; care of remains; report of burial.	
2-27-45	45-55	Liquid plasma; supplying of to naval medical activities.	Do.
2-28-45	45-56	Physical examination of enlisted personnel to prevent physically unqualified from being sent overseas.	Modified—See ltr. 45-189, 6-4-45.
3-1-45	45-57	Prisoners of war, use of.	
3-1-45	45-58	Armed guard personnel, indoctrination in malaria and other diseases.	
3-2-45	45-59	Screening of enlisted personnel in training commands, Camp Lejeune and Camp Pendleton, and disposition of those found physically qualified for duty overseas.	
3-2-45	45-60	Discharges, Navy Nurse Corps.	Canceled—See MMD.
3-3-45	45-61	Physical training in naval hospitals.	

Date	Reference No.	Subject	Remarks
3-3-45	45-62	Policy regarding disposition of disabled enlisted men of the naval service.	Canceled—See ltr. 45-108, 4-30-45.
3-3-45	45-63	Inspection reports of district dental officers.	Canceled—See MMD. Do.
3-5-45	45-64	Medical care of dependents; monthly report of organizations, associations, and other agencies granted recognition under authority contained in sec. 200, Public, No. 844—74th Cong., in the presentation of claims under statutes administered by the Veterans' Administration.	
3-6-45	45-65	Civil readjustment program, information in regard to.	
3-6-45	45-66	United States victory waste paper campaign.	Canceled—See NAVMED 716.
3-6-45	45-67		Canceled—Served its purpose.
3-7-45	45-68	Transfer of Naval and Marine Corps patients in Veterans' Administration facilities.	Do.
3-10-45	45-69	Reporting of photofluorographic chest examinations.	Canceled—See NAVMED 716.
3-12-45	45-70	Rehabilitation, physical training exercises for use in connection with.	
3-14-45	45-71	Conservation of fuel.	
3-15-45	45-72	Immunization against yellow fever.	
3-17-45	45-73	Redistribution and disposal of excess BuMed property within the continental United States.	Modified—Encl. modified by BuMed ltr. 7-26-45 (limited circulation). Canceled—Outdated.
3-17-45	45-74	Hospital blank forms and form letters—other than NAVMED and other bureau blank forms and form letters; request for copies of.	
3-17-45	45-75	Red Cross personnel assigned to Navy, Marine Corps, and Coast Guard activities, official status of.	
3-19-45	45-76	Civilian personnel actions—delegation of authority to medical officer in command.	Canceled—See ltr. 45-112, 5-1-45.
3-20-45	45-77	Special treatment and convalescent centers, designation of and transfer to.	Modified—See ltr. 45-110, 5-1-45 and cltr. ltr. 8-24-45 (limited circulation).
3-22-45	45-78	Hospitalization and medical care of dependents of naval personnel, current instructions regarding.	
3-22-45	45-79	Disposition of surplus medical department property located beyond continental limits of the United States.	Canceled—Served its purpose.
3-23-45	45-80	Speech therapists, need for.	Canceled—Outdated.
3-23-45	45-81	Quarterly report of hospital bed capacities—NAVMED-103, revision of.	Canceled—See MMD.
3-26-45	45-82	Information slip, nurse corps (NAVMED Form HF-45).	Canceled—Served its purpose.
3-30-45	45-83	Weekly combined report of enlisted Hospital Corps personnel (NAVMED-590); revision of technician table on reverse of form, and instructions relative to selection of Hospital Corps enlisted ratings for transfer.	
3-31-45	45-84	Prevention of disease.	Do.
4-3-45	45-85	Handbook of physical training for use in the rehabilitation program of the Medical Department, U. S. Navy, distribution of.	
4-9-45	45-86	NAVMED Forms F and Fa (individual statistical report of patient), 1945 revision.	
4-11-45	45-87	Standard stock items for the Medical Department of hospital ships.	
4-12-45	45-88	Entertainment for naval hospitals, availability of.	Canceled—See MMD.
4-12-45	45-89	Monthly venereal disease control reports.	
4-13-45	45-90	Epidemiology units, functions of.	
4-13-45	45-91	Processing of repatriates.	
4-16-45	45-92	Medical stores requisition, NAVMED-4, preparation and submission of.	
4-16-45	45-93	Patient's identity tag, use of.	Do.
4-19-45	45-94	Personnel, inventory and usage data, report of.	Canceled—Action completed.
4-19-45	45-95	Methyl-alcohol poisoning.	
4-20-45	45-96	Admission or discharge of officer, Form NAVMED-HF-1 (rev. 1-45), revision of.	Canceled—See MMD.
4-21-45	45-97	BuMed Cir. Ltr. M-6, receipt, transfer, and disposition card (NAVMED-HC-3), and BuMed Cir. Ltr. M-7 roster report of the Hospital Corps (NAVMED-HC-4), modification of, in part.	Do.
4-23-45	45-98	Booklets entitled "State Veterans Laws" and "Laws Relating to Veterans."	Canceled—Served its purpose.
4-24-45	45-99	Course in X-ray and photofluorographic technique—Addition to the Catalog of Hospital Corps Schools and Courses, Revised 1944.	
4-24-45	45-100	Training aids officer, appointment of.	
4-25-45	45-101	The diagnostic term "No disease," use of the naval service in connection with the disposition of personnel on reports of medical survey.	See NAVMED 716.

Date	Reference No.	Subject	Remarks
4-26-45	45-102	Roentgenographic examinations of the chest of certain officer personnel upon reporting for active duty.	
4-26-45	45-103	U. S. Marine Corps certificate of discharge; unauthorized entries on.	
4-27-45	45-104	Quarterly estimate of civilian personnel subject to Public Law 49.	Canceled—Served its purpose.
4-28-45	45-105	Devices procurable from BuAer, special devices division; information concerning.	
4-30-45	45-106	Officers unable to continue duty because of chronic seasickness, reassignment of.	
4-30-45	45-107	Enlisted personnel classified as fit for limited duty only as a result of medical survey or NAVMED Form Y, disposition in the case of.	
4-30-45	45-108	Policy regarding disposition of partially disabled enlisted men of the naval service.	
4-30-45	45-109	Photofluorographic examination of the chest of all Navy and Marine Corps personnel; health record entries of.	
5-1-45	45-110	Special treatment and convalescent centers, modification of.	
5-1-45	45-111	Special devices officer, provision for assistance from.	
5-1-45	45-112	Allotment of complement and funds for civilian personnel—Delegation of authority to medical officers in command to establish complements within allotment of funds.	Modified—See ltr. 45-156, 6-22-45.
5-5-45	45-113	Inventory and issue of medical supplies and equipment, report of.	
5-5-45	45-114	Internship and residency type training in United States naval hospital.	
5-5-45	45-115	Medical library requirements.	
5-5-45	45-116	Monthly prosthodontia report, NAVMED-610.	
5-7-45	45-117	Booklet entitled "Rehabilitation Program of the Medical Department, U. S. Navy."	
5-8-45	45-118	Land, buildings, and property report.	
5-9-45	45-119	Report of industrial disability—Shore establishments, Form FC; discontinuance of.	
5-9-45	45-120	Pension claims and medical records of enlisted men discharged from the naval service by reason of physical disability.	
5-9-45	45-121	Personal decontamination, liquid blister cases.	
5-12-45	45-123	Hospitalization of U. S. Merchant Marine seamen and U. S. Maritime Service personnel.	
5-15-45	45-123	Civil readjustment program in naval hospitals.	
5-15-45	45-124	NAVMED-172 (weekly morbidity report), 1945 revision of.	
5-15-45	45-125	NAVMED-Fa (individual statistical report of patients), mutilation of and substitution for.	
5-17-45	45-126	NAVMED-F (individual statistical report of patient), delays in transmittal of.	
5-18-45	45-127	Penicillin—Supply, employment, and reporting of.	
5-19-45	45-128	NAVMED 785, semiannual dental officer report, Establishment of.	
5-20-45	45-129	Weekly report of patients (NAVMED-I), 1945 revision of.	
5-21-45	45-130	Uniform charge for interdepartmental hospitalization.	
5-24-45	45-131	Sale of surplus Medical Department upholstered furniture and bedding materials.	
5-24-45	45-132	Medical stores, small craft, procurement of.	
5-24-45	45-133	Rehabilitation program, equipment and supplies for physical training in, additional items for list of.	
5-25-45	45-134	Government life insurance, medical examinations.	
5-28-45	45-135	Personnel with malaria and filariasis, disposition of.	
5-29-45	45-136	Assignment of V-10 (WAVES) Hospital Corps personnel to night duty and night watches.	
5-29-45	45-137	Dental treatment for prisoners of war.	
5-31-45	45-138	Hospital accounting instructions, discontinuance of reports in relation to.	
6-4-45	45-139	Liquid plasma, preparation of, in naval districts.	
6-5-45	45-140	Red Cross uniformed professional personnel, quarters.	
6-5-45	45-141	Data on Hospital Corps WAVES personnel, request for.	
6-5-45	45-142	Medical Department allotments, utilization and modification of.	
			Canceled—Served its purpose. Modified — See BuMed Cir. ltr. 7-26-45 and 9-13-45 (limited circulation).
			Canceled—Outdated.

Date	Reference No.	Subject	Remarks
6-8-45	45-143	Venereal disease control liaison officers.	
6-8-45	45-144	Enlisted personnel for overseas duty, dental requirements of.	
6-8-45	45-145	U. S. Navy immunization record, NAVMED-585.	
6-9-45	45-146	Monthly prosthetic report—NAVMED-610.	
6-9-45	45-147	Sulfonamide drugs, administration of, with reference to flying status.	
6-11-45	45-148	Large scale dispersal of insecticides, coordination of.	
6-12-45	45-149	NAVMED-785, semiannual dental officer personnel report—establishment of.	
6-12-45	45-150	Field records schedule for the Bureau of Medicine and Surgery, authorization for records disposition.	
6-12-45	45-151	Hospital aircraft, need for.	
6-13-45	45-152	Distribution of G. I. Movie Weekly, reissues to naval hospitals.	
6-15-45	45-153	Medical stores, modification of control, issue, inventing, and purchasing procedures at medical supply depots and storehouses, and at medical sections of naval supply depots (revised).	
6-16-45	45-154	Work projects for maintenance, additions and improvements, procedure for accomplishment of.	
6-20-45	45-155	Admission or discharge of officer, Form NAVMED-HF-1 (rev. 1-45); transmittal of copy for medical officers and dental officers to BuMed.	Do.
6-22-45	45-156	Supervisory ratings, assistant foreman and head.	
6-23-45	45-157	NAVMED-H-9 (aviation medical abstract), establishment of.	Do.
6-25-45	45-158	Work beyond the capacity of the station force, local accomplishment of.	
6-26-45	45-159	Venereal disease contact investigation analyses.	
6-27-45	45-160	Pension claims and medical records of enlisted men transferred from naval hospitals to Marine barracks for further transfer to Marine separation companies for discharge.	
6-28-45	45-161	Contract for care of the dead, fiscal year, 1946.	
6-28-45	45-162	Report of dental operations and treatment.	
6-30-45	45-163	Statement of receipts and expenditures of Medical Department property NAVMED-E, instructions regarding.	Do.
6-30-45	45-164	Service, dental.	
6-30-45	45-165	Register No. 3, instructions regarding.	
6-30-45	45-166	Possession or sale of alcoholic beverages in naval hospitals and hospital reservations.	
6-30-45	45-167	American colleges of physicians and of surgeons; American boards certifying in medical specialties.	
6-30-45	45-168	Supplies and equipment for landing forces and field organizations.	
6-30-45	45-169	Individual equipment and clothing for field service.	
6-30-45	45-170	Vasectomy.	
6-30-45	45-171	Blood groups, designation of.	
6-30-45	45-172	Service, medical, available at National Naval Medical Center.	
6-30-45	45-173	Inventory of material, Form D (transfer of property).	

PART II

INDEX OF CIRCULAR LETTERS FORMERLY IN APPENDIX D, MANUAL OF THE MEDICAL DEPARTMENT, 1938

[All letters which were in appendix D have been listed and their status indicated. Those letters that remain in effect appear in pt. I, Chronological Index, and are reprinted in pt. III]

Date	Identification	Subject	Disposition
None	Cir. Ltr. A.....	Use of medical department blank forms for prescriptions.	Canceled—See MMD.
None	Cir. Ltr. B.....	Changes for the bureau manual.	Canceled—Out of date.
None	.....do.....	The United States Naval Medical Bulletin.	Canceled—Served its purpose.
None	Cir. Ltr. C.....	Instructions governing civil employees under the Medical Department.	Canceled—See MMD.
None	.....do.....	Injured civil employees.	Do.
7-1-41	.....do.....	Funeral expenses of deceased personnel of the Navy and Marine Corps.	Do.
7-31-41	.....do.....	Funeral expenses of deceased civilian employees of the Navy Department and Naval Establishments.	Do.
None	Cir. Ltr. D.....	Postgraduate instruction officers, Dental Corps.	Do.
None	.....do.....	Dental technicians, ration, promotion and training of.	Do.
8-28-39	.....do.....	Dental treatment, inactive Fleet Reservists.	Do.
None	Cir. Ltr. F.....	Report of allotment expenditures, Form B	In effect—See BuMed Cir. Ltr. 43-187, 12-29-43.
None	.....do.....	Inventory of material, Form D, transfer of property.	In effect—Reissued, see Cir. Ltr. 45-173, 6-30-45.
None	.....do.....	Statement of receipts and expenditures of Medical Department property, Form E.	In effect—Reissued, see Cir. Ltr. 45-163, 6-30-45.
None	.....do.....	Remains, report of disposition and instructions.	Canceled—See MMD.
None	.....do.....	Supernumerary patients.	Do.
1-1-41	Cir. Ltr. F-6.....	Quarterly ration returns, Form 36.....	Canceled—See BuMed Cir. Ltr. 44-91, 5-22-44.
None	Cir. Ltr. F.....	Register No. 3.....	In effect—Reissued, see Cir. Ltr. 45-165, 6-30-45.
7-1-40	Cir. Ltr. F-10.....	Medical stores, shortages and overages in shipments between medical depots; accounting procedure.	Canceled—See Cir. Ltr. 45-153, 6-15-45.
5-26-41	Cir. Ltr. F.....	Medical Stores requisitions and invoices.	Canceled—See Cir. Ltr. 45-92, 4-15-45.
7-1-40	Cir. Ltr. F-11.....	Emergency relief workers, reports of hospitalization.	Canceled—Out of date.
7-1-40	Cir. Ltr. F-12.....	Emergency relief workers, injured; reports of out-patient medical service rendered.	Do.
7-1-40	Cir. Ltr. F-13.....	Civilian conservation corps enrollees, laundering of washable clothes.	Do.
None	Cir. Ltr. I.....	Authorization to convene summary courts martial.	Canceled—See MMD.
None	.....do.....	Possession or sale of alcohol beverages in naval hospitals and on hospital reservations.	In effect—Reissued, see Cir. Ltr. 45-166, 6-30-45.
None	.....do.....	Weekly report of patients in naval hospitals, bed capacity, distribution, and certain classification, NavMed-I.	Canceled—See MMD.
1-1-41	Cir. Ltr. I-4.....	Case records required in naval hospitals.	Do.
1-1-41	Cir. Ltr. I-5.....	Ward records and reports.	Do.
None	Cir. Ltr. M.....	Postgraduate education, Medical Department.	Canceled—Out of date.
None	.....do.....	Hospital corpsmen qualified and technical specialist, reporting of.	Canceled—See MMD.
None	.....do.....	The Naval Reserve (Medical Corps).....	Canceled—See BuPers Manual.
None	.....do.....	Membership in the Association of Military Surgeons.	Canceled—Served its purpose.

Date	Identification	Subject	Disposition
None	Cir. Ltr. M-----	College of Physicians and College of Surgeons.	Canceled—Rewritten and reissued, see BuMed, ltr. 45-167, 6-30-45.
1-1-41	Cir. Ltr. M-7-----	Roster report of the Hospital Corps, NavMed-HC-4.	Canceled—See MMD.
1-1-41	Cir. Ltr. M-6-----	Receipt transfer and disposition card NavMed-HC-5.	Do.
None	Cir. Ltr. P-----	Instructions on first aid-----	Canceled — Served its purpose.
None	do-----	Research under cognizance of the Bureau.	Canceled—Out of date.
7-1-40	Cir. Ltr. P-1-----	First aid instruction and treatment of casualties.	Canceled—Served its purpose.
7-1-40	Cir. Ltr. P-2-----	Supplies and equipment for landing forces and field organizations.	Canceled—Rewritten and reissued, see BuMed Clr. Ltr. 45-168, 6-30-45.
None	Cir. Ltr. P-3-----	Individual equipment and clothing for field service.	Canceled—Rewritten and reissued, see BuMed Clr. Ltr. 45-169, 6-30-45.
None	Cir. Ltr. R-----	Ranks and rates and their abbreviations.	Canceled—Out of date.
None	do-----	Vasectomy-----	In effect—Reissued, see BuMed Clr. Ltr. 45-170, 6-30-46.
None	do-----	Change in visual requirements for midshipmen on Admission to the Naval Academy.	Canceled—See MMD.
None	do-----	Physical examinations for aviation, where made.	Canceled—Out of date.
None	do-----	NMS, Aviation Form 1, Change in Instructions.	Canceled—See MMD.
7-4-40	Cir. Ltr. R-----	Physical requirements of aviation personnel.	Do.
7-9-40	Cir. Ltr. R-6-----	Certificate of death, NMS Form N, Instructions Governing.	Do.
None	Cir. Ltr. X-----	Service, medical.	Canceled—Rewritten and reissued, see Cir. Ltr. 45-172, 6-30-45.
None	do-----	Blood groups; designation of-----	Canceled—Rewritten and reissued, see Cir. Ltr. 45-171, 6-30-45.
None	do-----	Service, dental.	Canceled—Rewritten and reissued, see BuMed Clr. Ltr. 45-164, 6-30-45.
4-1-41	Cir. Ltr. Y-1-----	The control of communicable disease-----	Canceled—Outdated.
None	Cir. Ltr. Y-----	Form A, instructions-----	Canceled—See MMD.
None	do-----	Emergency oxygen administration-----	Canceled—Out of date.
None	do-----	Heating and ventilation-----	Canceled—Served its purpose.
None	do-----	Field and camp sanitation-----	Do.
None	do-----	Tetraethyl lead-----	Do.
None	do-----	Bismosyl, precautions regarding-----	Do.
None	do-----	Thio-Bismol, precautions regarding-----	Do.
None	do-----	Dispatches; use of navy diagnosis numbers in-----	Do.
None	do-----	Disinfecting stations-----	Canceled—Out of date.
None	do-----	Quarantine inspection and fumigations aircraft.	Canceled—See MMD.

PART III

REPRINTS OF ALL LETTERS IN EFFECT

Letters in effect released prior to 1 Jul 1945, are printed in chronological order. Minor editorial changes have been made in the reprints in order to correct references, delete passages no longer in effect, etc. In order to reduce the size of this publication, enclosures such as sample forms, etc., have not been included, but are available on request.

**40-15—Handbook of the Hospital Corps, United States Navy, 1939,
Correction of Errors in**

A10-1/EN10(061-36); 16 Jul. 1940

To: All Ships and Stations.

1. The errors in the following list have been found in the subject-named publication and should be corrected in all copies thereof in which they appear. A number of the errors have been corrected by the Government Printing Office in reprints of the Handbook prepared for the Superintendent of Documents.

Corrections

Page

- | | |
|------|---|
| 5. | Twelfth line from bottom of page 5 should read: "organisms, though exhibiting irritability in response to stimuli, are generally". |
| 98. | In fifteenth line from bottom of page, change "pervent" to "prevent". |
| 173. | In fifteenth line from bottom of page, change "50-per cent" to "half-strength". |
| 183. | In twentieth line from top of page, change "relive" to "relieve"; in twenty-fifth line from top of page, beginning "Aqua," change "N. F." to "U. S. P.". |
| 198. | In twenty-second line from bottom of page, beginning "Magnesii Sulfas", change comma after "Salt" to parenthesis; change comma after "MgSO ₄ " to period; and add "7H ₂ O," after period. |
| 211. | In eighteenth line from top of page, change "colomel" to "calomel." |
| 214. | In tenth line from bottom of page, beginning "Culpri Sulfas", change comma after "CuSO ₄ " to period and add "5H ₂ O," after period. |
| 232. | In seventeenth line from top of page, beginning "Average", insert "8" between "or" and "minims." |
| 249. | In fourteenth line from bottom of page, change "0.05" to "0.5". |
| 265. | In twenty-fifth line from top of page, change "choral" to "chloral". |
| 295. | Strike out twenty-second line from top of page and insert therefor: "scenery, the direct rays of the sun, pure fresh air, and freedom from the sight." |
| 470. | In last line, change "hav" to "hay." |
| 490. | In seventeenth line from bottom of page, change "gonomoccus" to "gonococcus;" in fourteenth line from bottom of page, insert period after "testicle." |

- 491 to 513, inclusive, change spelling of "VENERAL" to "VENEREAL" in heading at top of pages.
521. In seventh line from bottom of page, strike out the "u" in "toluidine."
533. In fifteenth line from bottom of page, change "state" to "stage" and "not" to "now."
544. In sixteenth line from top of page, change "pharayngeal" to "pharyngeal."
563. In third line from bottom of page, change "10 per cent" to "1 per cent."
564. In second line of sixth paragraph, change "food" to "foot."
585. In tenth line from bottom of page, change "9" to "4" and "40" to "90": in ninth line from bottom of page, change "4" to "9" and "210" to "93.3."
586. In seventh paragraph change spelling of "caffein" to "caffeine."
604. In twenty-seventh line from top of page, change "475.18" to "473.18."
641. Change "grains" in heading of second table to "grams."
643. In fourteenth line from bottom of page, change "process" to "processes."
689. In sixth paragraph reverse direction of arrow in second equation.
- C93. In fourth paragraph change inferior zero after second 0 in equation to period.
701. In fifteenth line from bottom of page, change "09" to "02" in equation.
703. In sixteenth line from bottom of page, change "P3" to "P2" in equation.
708. In sixth paragraph, 2nd line, insert period after "MgC12.KC1" and add "6H₂O" after period.
856. In last line, change "857" to "858."
860. In fourth line from bottom of first paragraph, change "exaporation" to "evaporation."
893. Insert "(grams)" after last figures in lines beginning "Total Protein," "Albumin," and "Globulin" near top of page.
2. It is advisable to use indelible or red pencil in making the corrections as the paper is not suited to the use of ink.—*Ross T McIntire.*

JOINT LETTER: BuMed.—BuPers

41-10—Control of Venereal Disease

RESTRICTED: P3-2/ET12(021-40), 25 Mar. 1941

To: All Ships and Stations

Ref: (a) BuPers Cir. ltr. No. 31-41.

(b) Alnav #18.

(c) "An agreement by the War and Navy Departments, the Federal Security Agency, and State health departments on measures for the control of the venereal diseases in areas where armed forces or national defense employees are concentrated."

1. As announced in reference (a), the Federal Security Administrator has been designated as coordinator of matters pertaining to health as related to national defense.

2. The coordinator is vitally interested in the subject of control of venereal disease and the interest of the Congress is indicated by the fact that an appropriation of \$6,200,000 to the Federal Security Agency (Public Health Service) has been made for this purpose.

3. As a result of the widespread effect of the operation of the Selective Service and Training Act the eyes of the Nation are more critically on the armed forces than ever before. It is therefore correspondingly more vital that the young men whom we return to their homes after discharge are fit and reflect credit on the naval service and its consideration for its men.

4. Reference (b) is the substance of reference (c) which latter is quoted: "It is recognized that the following services should be developed by State and local health and police authorities in cooperation with the Medical Corps of the United States Army, the Bureau of Medicine and Surgery of the United States Navy, the United States Public Health Service, and interested voluntary organizations:

1. Early diagnosis and adequate treatment by the Army and the Navy of enlisted personnel infected with the venereal disease.

2. Early diagnosis and treatment of the civilian population by the local health department.

3. When authentic information can be obtained as to the probable source of venereal disease infection of military or naval personnel, the facts will be reported by medical officers of the Army or Navy to the State or local health authorities as may be required. If additional authentic information is available as to extramarital contacts with diseased military or naval personnel during the communicable stage, this should also be reported.

4. All contacts of enlisted men with infected civilians to be reported to the medical officers in charge of the Army and Navy by the local or State health authorities.

5. Recalcitrant infected persons with communicable syphilis or gonorrhea to be forcibly isolated during the period of communicability; in civilian populations, it is the duty of the local health authorities to obtain the assistance of the local police authorities in enforcing such isolation.

6. Decrease as far as possible the opportunities for contacts with infected persons. The local police department is responsible for the repression of commercialized and clandestine prostitution. The local health departments, the State Health Department, the Public Health Service, the Army, and the Navy will cooperate with the local police authorities in repressing prostitution.

7. An aggressive program of education both among enlisted personnel and the civilian population regarding the dangers of the venereal diseases, the methods of preventing these infections, and the steps which should be taken if a person suspects that he is infected.

8. The local police and health authorities, the State Department of Health, the Public Health Service, the Army, and the Navy desire the assistance of representatives of the American School Hygiene Association or affiliated social hygiene societies or other voluntary welfare organizations or groups in developing and stimulating public support for the above measures."

5. The attention of all commanding officers is directed to the fact that they are required by reference (b) to "cooperate to the maximum extent with the State and local public health authorities in the suppression of prostitution." In the past, some commanding officers have interpreted "cooperation * * * in the suppression" to mean approval of "segregation" of known

prostitutes in an effort to reduce the spread of venereal disease and such "cooperation" has sometimes extended to the placing of known houses of prostitution out of bounds where the inmates of such houses failed themselves to "cooperate." Such interpretation is contrary to references (b) and (c). The aim of the Navy Department is "suppression."

6. It is acknowledged that venereal disease can be reduced only by continuous coordinated effort to remove from the community all those who are known to practice prostitution. All States except one have laws prohibiting this practice.

7. Reports occasionally reach the Navy Department that naval officials are not always clear as to the Department's policy in the matter. Commanding officers will wholeheartedly and consistently support the local and State authorities in the enforcement of their laws. This means that they will actively support these authorities in the suppression (*not the discouragement*) of prostitution.

8. The Public Health Service is now a part of the Federal Security Agency. The policy of the Navy Department as herein expressed is in exact accord with that of the Public Health Service. Its representatives are at all times available to commanding officers for consultation and wherever the commanding officer is meeting with difficulties on matters concerning health in the local community, he is entirely at liberty to take up the matter directly with those representatives.—*Ross T McIntire—C. W. Nimitz.*

41-31—Initial Dental Operating Room Outfit, Procedure To Be Followed in Requisitioning

L8-2/S37-2(072); Jul. 1941

To : Commanders, NDs, Commandants and Commanding Officers, NavShoStas and MarCorps Activities.

1. The dental operating room outfit for a prospective or newly established activity, to which not more than one dental officer is to be assigned, shall be requested by letter.

2. The letter, submitted in quadruplicate, shall be addressed to the Chief of the Bureau of Medicine and Surgery and shall indicate the electric power supply (voltage and current).

3. Upon receipt of the letter of request, approved by the Bureau of Medicine and Surgery, the supply depot issuing the material will furnish the outfit on a special issue requisition.—*Ross T McIntire.*

41-40—Safety Precautions for Ambulances

N33-3/NH(014), 12 Aug. 1941

To : Commandants, NDs, and Commandants and Commanding Officers, NavShoStas and MarCorps Activities.

1. The commandants and commanding officers of shore activities of the Navy and Marine Corps have been informed of the concern of the Navy Department with respect to the number of accidents involving Navy ambulances. It was requested that specific rules and regulations for the operation of these vehicles be prescribed and that Medical Department personnel be directed to give their particular and continuing attention to this matter.

2. The Bureau re-presents the situation to naval shore activities, with the request that Medical Department personnel responsible for ambulances' maintenance and operation be directed to give attention to the enforcement of the following directives which are believed to be basic:

- (a) That emergency runs shall be restricted insofar as practicable.
- (b) That except on emergency trips, ambulances shall strictly comply with all local traffic regulations, including traffic lights, stop signs and other methods of traffic control.
- (c) That each emergency trip, either going or returning, be specifically so designated by the senior representative of the Medical Department having cognizance.
- (d) That on emergency trips, the ambulance shall strictly comply with local traffic regulations governing the operation and speed of emergency vehicles.
- (e) That all ambulances be fully equipped according to local practice, and that no ambulance be allowed to make an emergency run unless all equipment is operative and personnel present qualified to operate it.
- (f) That no driver be allowed to operate an ambulance outside of the station limits unless he is letter perfect in local traffic regulations, is acquainted with local geography and thoroughly qualified in the operation of an ambulance. (Training of drivers and close questioning is probably essential in this connection.) All ambulance drivers should be required to obtain such driver's license as is required by local laws and regulations.

(NOTE.—“An employee who operates a car owned by the Federal Government is not required to pay for the license required by state or municipal law.” *Yards and Docks Manual, article 12-46.*)

(g) That each ambulance carry a book or board embodying carefully considered orders and safety precautions prescribed by the commanding officer for the locality, and that similar orders be posted in the garage. Each ambulance also should carry forms for reporting accidents and the drivers should be instructed as to their use.

(h) That a limiting speed be set for each ambulance and for any and all circumstances, according to local traffic regulations and conditions in the neighborhood.

3. It is the opinion of the Bureau that very few trips made by Navy ambulances properly can be classified as “emergency,” and it is believed that for the most part ambulances should be operated in strict accordance with the traffic regulations governing the operation of passenger vehicles.—*L. Sheldon, Jr.*

41-44—Financial Statistics—Instructions for the Recording and Reporting of at All United States Naval Hospitals

L10-5/NH (082); F-15; 25 Aug. 1941

To : NavHosp and InspMed Dept. Activities

Ref.: (a) Section VI, chapter 20, MMD, 1938.

Encl.: (A) Revision of ref. (a). (Available on request.)

(1) The enclosed instructions for the recording and reporting of financial statistics are effective at all naval hospitals beginning with the fiscal year 1942.

2. An initial supply of modified forms are being transmitted to all hospitals under separate cover. The initial supply of the modified N. M. S. Register No. 3, the recapitulation of furniture, furnishings, and equipment issued, the analysis of materials and services received by transfer, by appropriations and other sources, and the analysis of pay and all allowances, military staff is considered to be sufficient for the entire fiscal year 1942. Requests for additional quantities of any of these forms shall be addressed to the Bureau and shall include justification for the additional quantities requested. The modified charge register sheets are available at medical supply depots. The present issue of expense analysis register sheets may be utilized by inserting the proper column headings, pending receipt of the revised forms in the medical supply depots. Time and pay sheets for military staff personnel shall be prepared by the hospitals, as these forms will not be furnished by the Bureau or the medical supply depots.

3. It is essential that the instructions contained in enclosure (A) be complied with in full and that all personnel concerned with the preparation and submission of the required reports be thoroughly familiar with those instructions. There must be full cooperation between the various activities at the hospitals, between the hospitals and other local activities, and between the hospitals and the Bureau, if the modifications in the present forms and procedures are to accomplish the required result. The Bureau appreciates that the modifications in the present forms and procedures may place an additional burden on the administrative staff of the hospitals and that considerable difficulty may be encountered in compiling certain of the required data. However, the data must be compiled and reported in the prescribed manner in order that the Bureau may consolidate the hospital reports and prepare the additional reports required by the Bureau of the Budget.

4. The Bureau desires to assist the hospitals in every way possible and all hospitals should feel free to submit recommendations for simplifying and expediting the work and to submit problems arising which are not covered by the instructions or which are peculiar to the individual hospitals.

5. Please acknowledge receipt of this letter and the enclosure.—*L. Sheldon, Jr.*

41-59—Cylinders, Gas, Anesthetic, Color Marking for

L2-1/P3-2(022-40), 25 Nov. 1941

To: All ships and stations.

Ref: (a) Color marking for anesthetic gas cylinders.

Simplified practice recommendation R176-41.

United States Department of Commerce, National Bureau of Standards.

1. Reference (a) was approved for promulgation as of 29 January 1941, and lists this Bureau as an acceptor.

2. In compliance therewith the following pertinent data are quoted here-with for information and guidance in all future purchase requirements of these gases:

"It is recommended that anesthetic gas cylinders approximately 4½ inches in diameter by 26 inches long, and smaller, for use on anesthesia

machines, be marked, according to the gases they contain, with the following colors or color combinations:

<i>Kind of gas</i>	<i>Color</i>
Oxygen	Green
Carbon dioxide	Gray
Nitrous oxide	Light blue
Cyclopropane ¹	Orange
Helium	Brown
Ethylene	Red
Carbon dioxide and oxygen	Gray and green
Helium and oxygen	Brown and green

"These color markings shall be applied to the shoulders of the containers (except chromium-plated cylinders for cyclopropane¹) so as to be clearly visible to the anesthetist. Where the marking is to consist of two colors, the pattern shall be such as will permit a sufficient amount of both colors to be seen together.

"The label affixed to each cylinder, carrying the name of the gas and other information required by regulations, and tags, if used, shall also bear the same color or colors as the shoulder.

"These recommendations do not apply to compressed gas cylinders used in hospitals for any purpose other than anesthesia.

3. An abstract of reference (a) may be obtained at no cost from the division of simplified practice, National Bureau of Standards, Washington, D. C. The complete publication may be obtained from the Superintendent of Documents, Government Printing Office, Washington, D. C., Price 5 cents.—Ross T McIntire.

41-61—Corrosion Resisting Steel, Care of

JJ51/JJ46 (114); 2 Dec. 1941

To: All ships and stations

1. In the interest of conservation of critical and strategic materials, it is directed that the following procedure be followed in the cleaning and polishing of "stainless steel" that may form all or a part of Medical Department equipment:

Washing.—Wash with soap and water, rinse with hot water, and dry with a clean cloth.

Polishing.—Should a polish or abrasive be necessary, use only high quality cleaning compounds. For closely adhering stains and deposits which cannot be removed by the above methods *stainless* steel wool may be used.

NOTE.—In no case shall *steel wool* (other than stainless), liquid *metal polishes*, or *metal cleaners* be used.—Ross T McIntire.

¹ "Since paint does not adhere well to polished metal surfaces, chromium-plated cylinders for cyclopropane shall bear orange labels. If tags are also used, they shall be orange."

41-65—Influenza Vaccination Study, Cooperation Regarding

P2-3/P3-1 (104); 11 Dec. 1941

To: All ships and stations

1. An influenza vaccination study is being conducted by United States Naval Laboratory Research Unit No. 1, among personnel stationed in the San Francisco and San Diego areas. The purpose of this study is to test the efficacy of the influenza vaccine produced by this laboratory research unit from chick embryos inoculated with influenza virus. The virus is inactivated with formalin.

2. The naval personnel selected for this study has been divided into two equal groups: (1) the vaccinated group and (2) the unvaccinated or control group. Special influenza report forms have been placed in the health records of both the control and the vaccinated groups.

3. If a special influenza form is in the health record of an individual who contracts influenza, it is the responsibility of the medical officer in charge of the case to see that the form is filled out and mailed to *United States Naval Laboratory Research Unit No. 1, 3525 Life Sciences Building, University of California, Berkeley, California*. It is of great importance that these forms be filled out with care and accuracy.

4. It is necessary to exercise great care in establishing the diagnosis of influenza in order to avoid erroneous reporting. The following points will aid in differentiation between influenza and catarrhal fever:

(a) *Influenza*.—Sudden onset; severe chills, prostration out of proportion to other symptoms and findings; generalized arthralgia and myalgia; fever of 1 to 7 days' duration, temperature range higher than that of catarrhal fever; frequently leukopenia; severe hacking, dry cough and substernal pain; and frequently prolonged asthenia.

(b) *Catarrhal fever*.—Gradual onset; chills or chilliness; evidence of pharyngitis, tonsilitis, sinusitis, laryngitis or tracheitis; aching in joints; moderate elevation of temperature; normal or elevated white count. No residual asthma or debility.

5. Medical activities in the San Francisco and San Diego areas are directed to avail themselves of the facilities of United States Naval Laboratory Research Unit No. 1 in confirming the diagnosis either by isolation of the virus from throat washings or detection of influenza antibodies in the blood. In the San Francisco Bay area, throat washings and blood specimens will be taken by members of the laboratory research unit upon notification. In the San Diego area, a 5 cubic centimeter blood serum sample should be obtained not later than the fifth day after onset of symptoms. If no facilities exist for separating the serum from the clot, a whole blood specimen of 10-15 cubic centimeters may be substituted. Aseptic technic must be maintained; no preservatives or anticoagulants shall be added. The specimen shall be sent promptly by air mail to United States Naval Laboratory Research Unit No. 1 at the above address, which will provide special vials for this purpose. The full name, rate, and date and place of birth of the patient shall accompany each specimen. Whenever practicable, a similar specimen should be taken between the 14th and 30th days after onset, and sent as directed above.

6. In cooperating with this influenza study, it is directed that United States Naval Laboratory Research Unit No. 1 be notified of any outbreaks of influenza or influenza-like diseases occurring in Naval or Marine Corps personnel in the San Francisco Bay area, the Long Beach-San Pedro area and in the San Diego area, irrespective of whether the personnel involved is included in the vaccinated or control groups.—*Ross T McIntire.*

42-4—Reaction to Heat, Prophylaxis in

P3-1/P3-2(074-34); 6 Jan. 1942

To: All ships and stations

1. Attention is again called to the use of salt for personnel exposed to high environmental temperatures and prolonged physical exertion. Increased consumption of sodium chloride by such personnel results in less fatigue, and prevents heat cramps and heat exhaustion.

2. Experience has shown that it is desirable for men working in high temperatures to drink water containing 0.1 to 0.3 percent sodium chloride or to use sodium chloride tablets for periodic daily ingestion. Sodium chloride tablets cause gastric irritation in some individuals while the saline solution does not. Drinking water containing the desired amount of salt can be made as follows:

- (a) 1 pound table salt to 100 gallons of water.
- (b) 0.36 pound of table salt to 36 gallons of water. (Lyster bag.)
- (c) 5 grams of sodium chloride to one gallon of water.
- (d) One 10-grain salt tablet swallowed with every pint of water consumed.

3. Personnel shall be informed regarding the value of salt in the prevention of fatigue and heat exhaustion.—*Ross T McIntire.*

42-5—Use of Plasma and the Regeneration of Dried Human Plasma

P3-1/A16-1(012-41); 6 Jan. 1942

To: All ships and stations

Ref.: (a) United States Naval Medical Bulletin, Oct. 1941, p. 506.

(b) United States Naval Medical Bulletin, Jan. 1942, p. 1.

1. The medical department of the Navy is provided with a limited quantity of dried plasma which must be regenerated strictly in accordance with existing instructions.

2. Briefly the indications for the use of plasma are: (1) emergency treatment of shock arising from burns, (2) hemorrhage, and (3) multiple injuries. It is contraindicated and shall not be used in secondary anemia and blood dyscrasias.

3. Commanding officers shall take the necessary steps to assure (1) that "shock" resuscitation teams are organized, (2) that all members and alternate members of these teams are skilled in intravenous technique and familiar with the regeneration of the plasma, and (3) that this letter and refs are brought to the attention of every medical officer.—*Ross T McIntire.*

42-7—Causes of Rejections of Applicants for Enlistment at Substations and by Traveling Parties

P2-5/P14-4(011); 9 Jan. 1942.

To: Naval and MarCorps Recruiting offices.

Refs: (a) Par. 5115, Manual of the Medical Department.

(b) Par. 2112, Manual of the Medical Department.

1. Any person conducting a preliminary or final physical examination of an applicant shall be considered as acting for the medical officer of the central recruiting station under whose jurisdiction the substation or traveling party comes. Form X (rough) shall be prepared for all such applicants whether accepted or rejected when examined physically. Substations and traveling parties shall forward these forms to their central recruiting stations.

2. Substations and traveling parties shall be informed of the above instructions by their central recruiting station.—*Ross T McIntire.*

42-12—Distilled Spirits (Brandy, U. S. P.); Supply to Ships and Planes for Medicinal Purposes (Stock No. S1-2290—2-oz. Bottles—10 Bottles in Carton

JJ57/FF13(063); 27 Jan. 1942

To: All ships and stations.

Refs.: (a) SecNav ltr. Op13C-jc Serial No. 214313 P3-2(410625), 5 Aug. 1941.

(b) Atlantic Fleet ltr. 10L-41 A2-11/P2/FF13(2140), 11 Sept. 1941.

(c) Change No. 3—Supply catalog, Medical Department, United State Navy.

1. The Secretary of the Navy has authorized the issue, by medical officers for medicinal purposes only, of distilled spirits to the commanding officers of ships and to the pilots of planes to which no individual medical officer is attached.

2. Under reference (c), brandy has been added to the supply catalog, Medical Department, and is now available for issue on NavMed 4 at Naval medical supply depots, to ships and stations to which a medical officer is attached, operating or located in areas where weather conditions or type of duty indicate the need. Request for distilled spirits should be included in the regular stores replenishment requisition.

3. Reissue of distilled spirits, for medicinal purposes, by medical officers of the ships and stations authorized to receive it in accordance with the preceding paragraph, is authorized to be made to the commanding officers of ships and to pilots of planes to which no medical officer is attached.

4. The commanding officers of ships and pilots of planes whom distilled spirits are duly issued are individually responsible for due custody and proper use.—*Ross T McIntire.*

42-13—Bristle Brushes, Conservation of*L2-1/JJ(094), 11 Feb. 1942*

To : NavHospitals, NavDispersions, NMSDs, NavMedCen (Bethesda, Md.).

1. Attention is invited to the fact that practically all of the bristles that have been used in the various types of brushes have been imported from sources which are no longer available. This commodity, therefore, now must be placed in the category of critical and strategic materials, and all possible steps be taken in the interest of its conservation.

2. In order to conserve the present limited supply of bristles, it is directed that immediate steps be taken to utilize the existing supply of brushes most effectively by observing the following procedure:

(a) Where suitable equipment is available, spray painting shall be employed wherever feasible.

(b) Appropriate size brushes shall be used, such as trim brushes for narrow work.

(c) For work of minor importance, the lowest grade of brush shall be used.

(d) New brushes shall be properly broken in.

(e) Brushes, when not in use, shall be properly cleaned and stored in a suitable container in a cool dry place.

(f) Brushes shall not be stored in water.

3. Attention is invited further to the fact that under present conditions worn brushes are of value, since in the majority of instances the bristles can be reclaimed for reuse by the brush industry. The disposition of worn brushes shall be handled in the same manner as that prescribed.—*Ross T McIntire.*

42-16—Prevention of Auditory Traumatism and the Resultant Loss of Hearing*A11/P31-(112), 26 Feb. 1942*

To : All ships and stations.

1. Experimental work, demonstrating conclusively that loss of auditory acuity often results from preventable auditory traumatism, has been completed by the medical officer, submarine squadron one. Among the sources of high sound levels causing this traumatism and loss of hearing are:

(a) Diesel engines.

(b) Radio receiving equipment.

(c) High pressure air—as in lung training and deep sea diving.

(d) Gunfire.

2. It is directed that the following preventive measures be observed at all times:

Diesel engines.—Machinists mates and others operating Diesel engines in confined spaces should be supplied with ear defenders. A very satisfactory type is available at the Mine Safety Appliance Company, Pittsburgh, Pennsylvania. This is particularly important in the case of Motor Torpedo Boats and Submarines.

Radio receiving equipment.—A shielding device which, when in use, cuts out the high peaks of sound, is built into all receiving sets. Radiomen

should be impressed with the necessity of utilizing this unit whenever possible. They should also be instructed not to tune the sets too high in intensity. The watchword should be "Keep the gain down." This accomplishes:

- (a) Improved reception.
- (b) Higher efficiency of operators.
- (c) Reduction of fatigue in personnel.
- (d) Prevention of loss of auditory acuity.

High pressure air.—Careful physical examinations should be conducted to eliminate all cases of acute or chronic catarrhal conditions of ears, nose, or throat, as well as anatomical abnormalities. Careful instruction should be given and supervision exercised on all persons being exposed to high air pressures. Any degree of otalgia during pressure should be investigated and treated immediately.

Gunfire.—Ear defenders may be worn if available. Otherwise, carefully applied, close-fitting cotton plugs should be worn and should not be removed until all guns are known to have completed firing.

3. Though the loss of hearing immediately experienced from a single trauma may not be great and may seem to be only temporary, repeated trauma has been shown to result in permanent loss of hearing of a significant and progressive nature.—*Ross T McIntire.*

42-17—Information Regarding Bed Capacity and Size of Staff of Naval Hospitals Not To Be Given Out to Press and To Be Retained as Restricted Information

RESTRICTED—NR/P8-2(031) 28 Feb. 1942

To: NavHospitals (all types)

1. Because the bed capacity and size of staff of a naval hospital gives information in regard to possible concentration of military forces in the area, facts regarding the number of beds and the number of personnel of the hospital are not to be released for publication in the local or general press; and in general, such information should be of a highly restricted character.

2. Questionnaires received from the American Hospital Association, American Medical Association, American College of Physicians, or the American College of Surgeons requesting information in order to determine the eligibility to be classed as a registered hospital may be filled out and returned, but they should be accompanied by a letter specifically directing attention to the fact that such figures are only for the files of the Association and must not, on any account, be published or access to them be given to any but known loyal members of the Association.—*Ross T McIntire.*

42-18—Handbook of the Hospital Corps, United States Navy, 1939

A10-1/EN10(061-36); 3 Mar. 1942

To: All ships and stations

Ref. (a) BuMed ltr A10-1/EN10(061-36), 21 Feb. 1940.

1. This letter supersedes reference (a).
2. The Handbook of the Hospital Corps, United States Navy, 1939,

carried in the Medical Department Supply Catalog as Stock No. S15-360, is available for issue by the Naval Medical Supply Depot, Brooklyn, N. Y. Requests for this publication should be made on medical supply depot requisition and invoice (NavMed 4) and forwarded to the bureau by all activities desiring copies thereof. Letter requests may be submitted by activities not using NavMed 4. Copies of this book will not be issued to individuals except as noted in the following paragraphs, but will be treated in all respects as other nonexpendable items of medical-department property on charge at the activity.

3. The Handbook of the Hospital Corps, United States Navy, 1939, is to be used as a reference book in the instruction of hospital corpsmen and while instruction shall not be limited to the subject matter contained therein the contents of the various chapters and sections shall form the basis of continuous instruction of hospital corpsmen.

4. At the naval medical school and the naval dental school one (1) copy of the Handbook of the Hospital Corps, United States Navy, 1939, may be issued on custody receipt to each man under instruction, which copy shall be returned upon completion of the course of instruction. By authority of the Secretary of the Navy one (1) copy of the Handbook of the Hospital Corps, United States Navy, 1939, shall be issued at Hospital Corps schools to each man undergoing instruction, which copy shall be retained by him if he completes the course of instruction but shall be returned if he does not. By authority of the Secretary of the Navy 1 copy of the Handbook of the Hospital Corps, United States Navy, 1939, shall be issued at naval hospitals to each hospital corpsman of class V-6 of the Naval Reserve on active duty, which copy shall be retained by him. Books issued in compliance with this directive shall be transferred from general ledger account No. 3, equipment, to general ledger account No. 4, stores, by general ledger adjustment voucher, the original of which shall accompany quarterly financial returns submitted to the Bureau of Medicine and Surgery. The issue of these books to individuals shall be made on NavMed R charge being made to expense analysis register account E-101, column 03, administration.

5. The Bureau of Medicine and Surgery regrets that the issue of a copy of this book to each individual in the medical department cannot be authorized and it is hoped that as many as possible of those not included in paragraph 3 of this letter will avail themselves of the opportunity of obtaining a personal copy afforded by the Government Printing Office. Those wishing individual copies may obtain them from the Superintendent of Documents, Government Printing Office, Washington, D. C., at a price of \$1.75 per copy.—*Ross T McIntire.*

42-24—New Instrument for Determining Visual Function

P2-5/A21(033), 18 Mar. 1942

To : NavAirstas, NavResAvBases, AirCars, and MarCorpsAv Activities

1. The Bureau, in collaboration with the Keystone View Co., has developed an instrument, and a set of five test cards, for use in determining lateral muscle balance, vertical muscle balance, visual acuity, and stereoscopic vision, without recourse to dark room facilities. The instrument is a specially mounted (desk type) stereoscope and is available in two models. The two instruments embody the same principals and use the same cards. The

only difference is that model A is of more refined and expensive construction than model B. Appropriate instructions accompany each instrument.

Model A. Ophthalmic telebinocular, estimated cost, \$85.00.

Model B. Navy recruiting telebinocular, estimated cost, \$35.00.

Model C. Set of test cards for use with the telebinocular, estimated cost, \$10.00.

2. Model A, the ophthalmic telebinocular is for issue to large air stations and carriers.

Model B, Navy recruiting telebinocular is for issue to smaller air stations, reserve bases, field activities, and for smaller aircraft tenders or carriers.

3. Aviation activities having a need for this apparatus should submit their request on regular requisition, NavMed 4. The requisition should include two sets of test cards for use in the instrument.

4. This instrument is not intended to replace any standard equipment or instructions relating to the physical examination for flying as now provided in the Manual of the Medical Department. It is intended as an auxiliary and ready screening test for use in the field, at outlying activities, on board ship, and in connection with other standard equipment as a ready and quick means of appraising visual function. In all cases where the visual defects disclosed by the use of this apparatus are of a disqualifying degree, the final determination of any such disqualification shall be by the use of standard equipment, and in accordance with existing instructions as now contained in the Manual of the Medical Department.—*Ross T McIntire*.

42-27—Treatment of “Immersion Foot” and Frozen Extremities

P3-2/P3-1(034), 25 Mar. 1942

To: All ships and stations

1. Until further study of the condition can be carried out, the following preliminary recommendations are made for the treatment of “immersion foot” and frozen extremities:

(a) When survivors, who have had their feet frozen or immersed in icy water, are picked up, the cold extremities should be kept cool and only allowed to thaw or warm up extremely slowly, while heat is applied to the rest of the body. It should be remembered that bad results have followed heating extremities before a galley stove. In the case of one frozen foot, the unaffected limb should be immersed in hot water to produce reflex dilatation in the affected limb; if both feet are frozen, the arms should be placed in hot water.

(b) Extreme care should be exercised in handling such a limb while it is still numb so that local injury may be avoided. Friction should not be employed at any time. The skin should be kept clean and, in severe cases, sterile. It is recommended that the limb may be placed in dry cotton wool and pressure points carefully avoided.—*Ross T McIntire*.

42-38—Naval Aviators and Naval Aviation Pilots—Special Physical Examination to Determine Fitness (BuPers Cir. Ltr. 120-41).

P2-5/A21(092), 16 Apr. 1942

To: NavHosp

1. Subject letter is quoted for your information and guidance.

From: The Chief of the Bureau of Personnel.

To: All ships and stations.

Subj.: Naval aviators and naval aviation pilots—special physical examination to determine fitness for duty involving flying after hospitalization for treatment of illness or serious injury.

1. In all cases where a report of a board of medical survey is submitted in the case of a naval aviator or naval aviation pilot finding him fit for duty, such report will include the findings of a board of one or more flight surgeons which will indicate the individual's physical and psychological fitness for actual control of aircraft.

2. In order that naval aviators and naval aviation pilots may have the full benefit of special facilities and trained medical personnel in determining their fitness to resume flight duty, and to insure that all the necessary information in each case may be available to the Bureaus of Personnel and Medicine and Surgery prior to the return of the individuals concerned to duty, the following procedure will be followed:

(a) A regular board of medical survey shall determine the necessity for further hospitalization and the fitness for general duty.

(b) Should the board of medical survey consider an individual fit for general duty, he will be directed by the medical officer in command of the naval hospital to report to the nearest available aviation activity for the purpose of obtaining a complete flight, physical examination by a board consisting of one or more flight surgeons. For this purpose, the health record containing all entries relating to the recent illness or injury shall be available for consideration by the board. It shall be the duty of the board to make recommendations in accordance with BuPers Circular Letter No. 50-40 as to fitness to resume unrestricted flying, limited flight duties, flying with a co-pilot for a specified time, ground duties, for a period of time or such other specific recommendation as the facts and circumstances indicate.

(c) In all cases Nav Med Av-1, physical examination for flying, shall be completed and forwarded without delay, to the Bureau of Medicine and Surgery in quadruplicate, attached to the report of the Board of Medical Survey. The Bureau of Medicine and Surgery will make recommendation to the Bureau of Personnel as to the disposition of the naval aviator or naval aviation pilot concerned.—*O. W. Nimitz*.

2. While the subject letter specifies naval aviators and naval aviation pilots, it is the intent that it also include candidates under training for these designations.

3. The requirements of the letter quoted above are not being observed in all cases with the resulting necessity of referring Boards of Medical Survey to the hospital for completion of aviation examinations.—*Ross T McIntire*.

42-41—Allowance, Litters Carried Aboard Ship, Revision of

FS/S37-2(021), 13 May 1942

To: All ships and stations

Refs.: (a) BuShips ltr. FS/L7-1-(1) (851c) 10 Mar. 1942.

(b) Pacific Fleet Medical News Letter No. 5-41, 8 Jul. 1941: Weber-Zipper stretcher, description and drawings of.

(c) Atlantic Fleet Medical News Letter No. 4-41, 10 Sept. 1941:
Weber-Zipper stretcher, description and drawings of.

1. The allowance of metal litters (Stokes), as approved by the Chief of the Bureau of Ships in reference (a), is based on 1.5 percent of the complement of each ship. Metal litters (Stokes), Federal Stock Catalog No. 57-L-1960, are under the cognizance of the Bureau of Ships and may be requisitioned by the supply officer from the Norfolk Navy Yard.
2. The allowance of metal pole litters (Army) is based on 3 percent of the complement of each ship plus 5 percent of the number of troops carried. Metal pole litters (Army) may be requisitioned from the naval medical supply depots under Medical Department Supply Catalog No. 6-145. Request for sufficient additional metal pole litters (Army) to bring the number on hand up to that indicated by the revised allowance may be included on the next "SD" replenishment requisition for medical stores.

3. The number of Weber-Zipper stretchers, or other appliances serving the same purpose, is based on 1 percent of the complement of each ship. The Weber-Zipper stretcher has not been adopted as a standard catalog item but it is the appliance most widely accepted of several designed for rescuing injured from sites in which the Stokes or Army litters cannot be used. The Weber-Zipper stretchers have been made aboard ship according to directions published in references (b) and (c). Appropriate action should be taken to provide sufficient Weber-Zipper stretchers, or comparable appliances, to equal at least 1 percent of the complement of each ship.—*Ross T McIntire.*

42-51—Adoption of Presumptive Kahn Tests

P2-5/P3(111-38), 22 Jun. 1942

To: All ships and stations

1. The presumptive Kahn test has been adopted as standard procedure. All blood sera thus detected positive for syphilis are to be retested by the standard diagnostic Kahn test now in effect.
2. The presumptive Kahn test is strictly qualitative in character, employing a special highly sensitive antigen. It must be emphasized that the presumptive Kahn test is merely a "screen test," must be used only to rule out negative sera, and must never be used for the final report on positive reactions.
3. It is the opinion that this test will be of great value to those activities doing a large number of routine blood tests, such as naval hospitals, naval training stations, large Marine posts, etc. The adoption of this procedure eliminates about two-thirds of the work previously required.
4. The Naval medical school is prepared to supply naval medical activities with presumptive Kahn antigen, upon request, together with the technique for its use. The antigen will be supplied in bottles that are distinctly labeled in order to prevent its being mistaken for Standard Antigen.—*Ross T McIntire.*

42-59—Instruction of Navy Nurses in Common Military Customs and Courtesies*JJ55-3/OG(054), 17 Jul. 1942***To:** NavShoStas

1. Because of the many nurses newly appointed from civil life, unacquainted with military customs and courtesies, it is felt that organized instruction in these subjects should be given.

2. It is recommended that the commanding officers of naval hospitals institute a school for the instruction of members of the Navy Nurse Corps similar to that used for the instruction of newly appointed reserve officers—in salutes, usual military courtesies, uniform recognition, and customs of the service.

3. A medical officer should be designated to give this instruction, and arrangements made with the chief nurse to form such classes. Where nurses are located other than at the hospitals, it is desired that arrangements be made for them to receive similar instruction.

4. The course need not be long nor arduous. Four hours would be adequate for a basic course. The following subjects are suggested:

1. Position of attention, facings, salutes, simple formations, and marching.
2. Uniform recognition, ranks, rates, and corps.
3. Common customs of the service.
4. General duty and status of Navy nurses.—*Ross T McIntire.*

42-60—Motor Vehicles—Use and Care of*L8-2/N33-2(053), 21 Jul. 1942***To:** NavHospitals, NavHospitals under construction, and NMDSs.**Ref.:** (a) OP&M ltr. PM443, serial PM7101077, 10 Jul. 1942.**Encl.:** (A) Copy of ref. (a).

1. Encl. (A) is forwarded for information and compliance.

2. While this directive refers to the use and care of trucks, it is desired that it also be applied to ambulances and station wagons at Medical Department activities.

3. The procurement of ambulances built on passenger car chassis will not be possible for the duration. It is directed that every possible effort be made to prolong the useful life of the limousine and standard field type ambulances (Packard, Buick, and Chevrolet) now in use.

4. Please submit to the Bureau a list of all motor vehicles permanently assigned, giving the United States Navy registration number, description of vehicle, present mileage, duties to which assigned; and indicate any vehicle that is in excess and available for transfer to another activity. Activities to which the Bureau has assigned vehicles for use pending transfer will list these vehicles separately.—*L. Sheldon, Jr., acting.*

NOTE: Paragraph 4—Action completed.

Enclosure (A)

TRUCKS, USE AND CARE OF

PM 7101077, 10 Jul. 1942

To: The Chief of Naval Personnel.
The Chief of the Bureau of Ordnance.
The Chief of the Bureau of Aeronautics.
The Chief of the Bureau of Ships.
The Chief of the Bureau of Yards and Docks.
The Chief of the Bureau of Supplies and Accounts.
The Chief of the Bureau of Medicine and Surgery.
The Commandant, United States Marine Corps.
The Commandant, United States Coast Guard.

1. Practically all of Navy Department's truck requirements are supplied, and will continue to be supplied, from a pool of manufacturers stocks on hand which have been frozen by War Production Board, which pool is being administered by them.

2. New trucks, light and medium, allocated to the Navy for the period 1 June 1942 to 31 December 1942 amounted to 16,356 units. Withdrawals by Navy for June alone came to 2,035 units. Heavy truck allocation 1 June to 31 December 1942 was 1,160 units. June withdrawals were 201 units.

3. In the face of this acute shortage of all types of trucks available for Navy Department, it is requested that all Bureaus, if they have not already done so, establish controls to accomplish the following ends.

(a) That no truck in use by Navy personnel be permitted to remain in a state of disrepair.

(b) That no truck in use by Navy personnel be permitted to remain idle, or assigned to a station where it is not urgently needed.

(c) That the closest supervision be established over trucks owned by the Navy Department but loaned to construction contractors, to assure the best possible care and maintenance while so loaned, and to assure that the property will be returned in good shape, reasonable wear and tear excepted on completion of the Navy job.—*S. M. Robinson.*

42-63—Medical Motion Pictures and Other Audio-Visual Aids

S85/EN(073-41); 29 Jul 1942

To: All ships and stations.

1. A section of audio-visual education has been established in the division of preventive medicine in this Bureau.

2. All matters relating to medical audio-visual aids for the education of naval and other personnel under naval jurisdiction shall come under the cognizance of this section. This will include plans for motion pictures, slide films and other audio-visual aids, purchase of audio-visual aids, photography, and scenarios.

3. In order that there may be no duplication of effort and that a definite plan may be followed, it is directed that all requests for audio-visual aids on medical subjects be submitted to this Bureau. No photography of naval

medical installations or of patients shall be permitted without prior approval of this Bureau, except where such photography is to be used as a matter of record.—*Ross T McIntire.*

42-68—Physical Examination of Members of the United States Naval Reserve and the United States Marine Corps Reserve Upon Reporting for and Upon Release From Active Duty

P2-5/QR(093); 8 Aug. 1942

To: All ships and stations

Ref. (a) BuMed Ltr. P2-5/QR(093) 15 Oct. 1940.

(b) Public No. 775, approved 27 Aug. 1940.

(c) Public Resolution 96, section 3, 76th Congress.

(d) Public No. 681, approved 28 July 1942.

1. Reference (a) is hereby canceled.
2. Reference (b) provides in part that members of the United States Naval Reserve or United States Marine Corps Reserve, who have been ordered to active duty for a period in excess of 30 days and suffer disability in line of duty, are entitled to the same benefits as members of the regular services. Reference (d), which amends reference (c), directs that upon assignment or being ordered to active duty each member of any reserve component of the naval forces and each person inducted into the naval forces under the provisions of the Selective Service and Training Act of 1940 shall be given a physical examination at the beginning of active duty and that at the time of completion of active duty shall be given another physical examination. *That part of reference (c) which required that all persons be given medical statements of physical defects noted on physical examination at the beginning of active duty has been omitted from reference (d).*

3. Each member of the United States Naval Reserve and United States Marine Corps Reserve who reports for active duty shall be carefully examined by the medical officer of the station to which he first reports. This examination must be in detail and all physical defects must be noted regardless of whether they affect the individual's fitness for active duty, since information recorded in this examination may become of great importance in settling future claims for retirement or pension. The findings at this examination shall be recorded on NavMed Y which shall be marked "Active Duty" and forwarded to the Bureau of Medicine and Surgery direct, except that the preparation and forwarding of NavMed Y is not required in the case of enlisted personnel who report to naval or Marine Corps training stations, construction training centers, or naval training schools, for their first active duty and routinely receive a physical examination during the training period. In the cases of these enlisted members of the Naval or Marine Corps Reserve, all defects noted at this examination which are not recorded or described in sufficient detail on the descriptive sheet of the health record shall be entered on a medical history sheet over the signature of the examiner and retained in the health record.

4. Members of class V-7 and class V-9, upon reporting for the first active duty, shall be examined as required by paragraph 3 above, but the form Y shall show as the purpose of the examination "Active Duty; Appointment

and Commission." These form Y's shall be forwarded to the Bureau of Medicine and Surgery promptly and, on approval by the Bureau of Medicine and Surgery, will be considered as establishing the individual's physical fitness for commission on completion of his course of studies. Should a member of class V-7 or class V-9 while on active duty suffer illness or injury which casts doubt on his physical fitness for commission, a second physical examination shall be made as soon after recovery as practicable, and prior to completion of the academic course, and report on NavMed Y forwarded to the Bureau of Medicine and Surgery.

5. Members of class V-5, upon reporting for their first active duty, shall be examined and deviations from normal recorded in the health record as required by paragraph 3 above. A report of this examination shall not be forwarded to the Bureau of Medicine and Surgery except in cases in which the individual is found not physically or temperamentally qualified for aviation training. In such cases the reports shall be submitted on NavMed AV-1 in duplicate.

6. All medical officers who examine members of the United States Naval Reserve and the United States Marine Corps Reserve upon first reporting for active duty shall carefully weight the individual's condition as found in relation to the duties he may have to perform. Those who do not meet the required standards will be found, "Not physically fit for active duty," and appropriate recommendations will be made to preclude acceptance for active duty. Medical examiners do not have the authority to either ignore or waive disqualifying defects although a recommendation for waiver may be submitted.

7. Every member of the United States Naval Reserve and the United States Marine Corps Reserve who is released from active duty for any cause shall be carefully examined immediately prior to such release and all departures from normal shall be noted. A report of the examination shall be entered on NAVMED Y marked "Release from active duty," and this report forwarded to the Bureau of Medicine and Surgery direct, except that the preparation and forwarding of form Y is not required in cases discharged on the recommendation of a Board of Medical Survey.

8. Reference (d) also provides that each member of the Reserve shall, upon his written request, be given a statement of his medical record on the completion of his active duty, but that such a statement shall not contain any reference to mental or other conditions which in the judgment of the Secretary of the Navy would prove injurious to the physical or mental health of the person concerned. *In view of this proviso any individual who completes a period of active duty and desires a statement of his medical record, should be instructed to submit his request in writing to the Bureau of Medicine and Surgery.—Ross T. McIntire.*

42-70—Venereal Disease Prophylaxis

P3-1/P3-2 (081); 10 Aug. 1942

To: All ships and stations.

1. Reports received in the Bureau indicate that far too many individuals in the Navy who have been exposed to venereal disease have either neglected to take prophylaxis or have delayed the procedure so long that its effectiveness was lost.

2. It is therefore urged that responsible officers in each activity survey the facilities of their activity to determine:

(a) Whether prophylactic heads are available, and if so, to what extent they are used.

(b) Whether prophylactic packets are available; how and from whom they are obtained.

(c) Whether condoms are being made available, either without expense or at minimal expense to the individual.

(d) If prophylactic stations are conveniently available to men on liberty, and if so, whether or not the location of these stations is a matter of common knowledge.

(e) The extent to which efforts have been made and are being made to inculcate into each individual a knowledge of venereal infections, and of the urgent necessity of taking prophylaxis promptly and correctly.

3. Having surveyed these facilities, steps should be taken immediately to remedy any and all deficiencies.

4. In keeping with the policy of reducing paper work, no report to this Bureau is considered necessary.—*Ross T McIntire*.

42-83—Proper Interpretation of Navy Color Vision Tests

P2-5/P3-1 (103); 25 Sept. 1942

To: All ships and stations.

1. Reports of physical examination reaching the Bureau indicate a lack of uniformity in the conducting and interpretation of the test for color vision. It appears that many rejections result from the examiners considering the failure of the applicant to read accurately a numeral (for instance, reading 3 as 8) to be evidence of defective color perception of a disqualifying degree, even though the candidate may have accurately read the other plates in the same color group. It is desired that medical examiners exercise sound judgment in evaluating errors in reading the plates and that they will distinguish between those due to lack of understanding of the test or similar factors, and those due to defective color perception.

2. In the future the following procedure will be observed in the conduction and interpretation of the test for color vision:

(a) Applicants for enlistment in the Navy and Naval Reserve except in classes V-1, V-5, and V-7 must conform with paragraph (3), enclosure (c), BuPers Recruiting Circular Letter No. 55-42 of 27 Mar. 1942, which with regard to color perception provides as follows:

Cold perception.—Applicants who correctly recognize only 1 plate in each of the 3 color groups, represented by plates 1, 2, 3, 4 (Nos. 89, 48, 56, 27), by plates 7, 8, 9, 10, 18, 14 (Nos. 39, 42, 56, 27, 86, 75), and by plates 17, 18, 19, 20 (Nos. 25, 68, 97, 34), as given in Pseudo-Isochromatic Plates for Testing Color Perception, American Optical Co. 1940. The above groups are represented in Stilling's Twentieth Edition by plate No. 3 (68), plate No. (4) (86), and plate No. 8 (43).

(b) Applicants for commission, for duties involving flying and for classes V-1, V-5, and V-7, United States Naval Reserve, must conform with Manual of the Medical Department, but the following interpretation shall be accepted as satisfactory:

American Optical Co. charts

Plate:	<i>Acceptable response</i>
2	43 or 48
7	39 or 89
14	75 or 76
22	34 or 84
28	43 or 48
30	75 or 25
33	No number or 45
34	No number or 73
38	394 or 894

Response to plates 39 to 46, inclusive, will be recorded, but failure to pass this group satisfactorily shall not alone be cause for rejection.

Stilling's Twentieth Edition

Plate:	<i>Acceptable response</i>
5	43 or 48
8	43 or 48

3. For the purpose of standardization, it is desirable that the American Optical Co. pseudo-isochromatic plates (color test) be substituted for the Stilling's test at the earliest date practicable. The American Optical Co. color-test charts shall be procured, as necessary, from the naval medical supply depots to effect this change.—*Ross T McIntire*.

42-91—Loan of X-Ray Films of Patients to the Veterans' Administration Facilities for Study

P3-3/P3-1(054-40); 14 Oct. 1942

To: NavHosp (Continental).

1. The Medical Director of the Veterans' Administration has requested that X-ray films made in connection with the diagnosis and treatment of patients in naval hospitals, especially those suffering from tuberculosis, be made available to Veterans' Administration facilities, in which these individuals may later be patients, for study of the progress of the veterans' disability and as an aid in determining the type of treatment indicated.

2. The Medical Director has agreed that the films loaned to a Veterans' Administration facility for this purpose will be reviewed promptly and returned to the hospital for file. He will direct the field managers of veteran facilities to request X-ray films desired in connection with specific cases under consideration. It is not intended that X-ray films will be routinely forwarded to Veterans' Administration representatives as part of the process of filing individual claims.

3. Authority is hereby granted to forward X-ray films to field managers of Veterans' Administration facilities upon request.—*Ross T McIntire*.

42-95—Articles and Speeches on Professional and Scientific Subjects

A10-1(103); 21 Oct. 1942

To: All ships and stations.

Ref: (a) Article 113, Navy Regulations. (Which concerns disclosure of information by naval personnel.)

Ref: (b) General Order No. 9, dated 13 May 1935. (Which enumerates limitations on discussions or articles by persons belonging to the Navy.)

1. The public relations section of the Bureau can utilize, in the interest of the Navy, copies of public addresses, scientific papers, radio talks, and the like which are presented from time to time by personnel of the Medical Department.

2. For the purpose of keeping the Bureau currently informed of these activities and to make such material available to press, radio, professional journals, and other media of public information, subject to approved use thereof, it is directed that two copies be transmitted to the Chief of the Bureau of Medicine and Surgery, one of these being for filing with the office of the Secretary of the Navy in conformity with reference (a), paragraph 2.

3. This material should be transmitted in advance of delivery of publication in printed form, but where this is not practicable it may be sent as soon as possible thereafter. If it is the sender's desire to have a paper reviewed and forwarded direct to the publication for which it is ultimately intended, the original manuscript is required. Material should be identified as to the author's rank and corps, together with pertinent information with respect to the occasion (if a speech) or the name of the publication in which it is to be printed.—*Ross T McIntire*.

42-106—Improvement in Medical Service

A7-1/EN (113); 23 Nov. 1942

To: DMOs, FltMedOfs, and ForMedOfs.

Via: Comdts and COs.

1. The Bureau desires fuller knowledge of the activities of the Medical Department, afloat and in the field, in order that it may be in a better position to anticipate and meet any needs as to personnel and material that may arise.

2. Fleet and force medical officers, by direct observation, and district medical officers, by questioning those who have returned from ships and advance bases, have information that would be of great value to the Bureau.

3. The Bureau desires that medical officers having the desired information or who have suggestions to make for the betterment of the services rendered by the Medical Department, communicate freely and fully, at frequent intervals, with the Bureau in regard to such matters.—*Ross T McIntire*.

* 42-109—Copies of Social Histories for the Veterans' Administration

P3-5/P19-1(034); 25 Nov. 1942

To: NavHospa (Continental).

1. The Bureau has received a request from the Administrator of Veterans' Affairs that copies of social histories of former members of the naval forces which have been obtained through the American Red Cross be

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furnished to the Veterans' Administration for use in connection with the adjudication of disability claims, insurance decisions and the medical study and treatment of claimants.

2. These Red Cross social histories are usually obtained for the Navy by the local chapters and cooperating civilian agencies and individuals with the understanding and pledge that the information will be held and treated as confidential. However, the chairman of the American Red Cross has expressed his willingness for copies of these reports to be furnished to the Veterans' Administration for the purposes indicated in paragraph 1.

3. In view of the fact that these social history reports are usually retained at the hospitals for file with the patients' clinical records, the hospitals are hereby authorized to furnish copies of the reports to the Veterans' Administration upon request, or if considered desirable, the originals may be loaned to the Veterans' Administration for temporary use with the understanding that they will be returned to the hospital when they have served their purpose.—*Ross T McIntire*.

42-117—Pneumonia, Primary, Atypical, Etiology Unknown, No. 826

A9-6P2-2 (121); 9 Dec. 1942

To: All ships and stations.

Ref.: (a) Diagnostic nomenclature for the Medical Department of the United States Navy.
(b) Par. 35D2, Manual of the Medical Department.
(c) Par. 35D3, Manual of the Medical Department.

1. The diagnosis "Pneumonia, Primary, Atypical, etiology unknown, No. 826," has been added to reference (a), under class VIII (A), communicable diseases transmissible by oral and nasal discharges. It shall be reported weekly by stations in the continental United States in accordance with reference (b) and monthly by all ships and stations in accordance with reference (c).

2. The diagnosis of a typical pneumonia depends upon the peculiar chest radiograph findings. It is recommended therefore that radiographs be made of all respiratory infections with a temperature of 102° F. or over or with ill-defined clinical pictures, wherever X-ray facilities are available.

3. From several viewpoints it is most desirable to have a complete and accurate diagnosis of all primary pneumonias:

(a) Broncho and lobar pneumonias respond to the sulfa drugs, while atypical pneumonia does not.

(b) Atypical pneumonia is considered much more contagious than broncho and lobar pneumonia.

(c) Atypical pneumonia is difficult to differentiate from "vague" respiratory disorders and without special diagnostic procedures many cases are erroneously listed.

4. The advantages to be derived from early diagnosis of atypical primary pneumonia by chest radiograph are:

(a) Early isolation will be instituted thus aiding in prevention of spread.

(b) Treatment will be symptomatic and supportive rather than with sulfonamides, thus sparing the patient the unnecessary leukopenic and other hazards of sulfonamide therapy.

(c) Convalescence can be more logically directed with visualization of the pathological lesion.

5. It is appreciated that any diagnosis using "atypical" and "etiology unknown" is subject to criticism, but the new listing provides at least a more specific diagnosis than that of influenza or acute catarrhal fever.—*Ross T McIntire.*

42-120—Requirements of Water and Sodium Chloride for Personnel Working in Hot Compartments and Hot Climates

P3-1/P3-2(074-34); 12 Dec. 1942

To: All ships and stations.

Ref.: (a) BuMed. Cir. Ltr. P3-1/P3-2(074-34), 6 Jan. 1942.

1. Recent investigations of water and sodium chloride requirements for men working in high environmental temperatures indicate that the method of taking sodium chloride and water to avoid reactions to heat as advised in reference (a) should be modified:

2. The essential findings of these studies may be summarized as follows:

	Sodium chloride	Water
A. Best time for administration.	Not during work, but at meal times and during rest periods especially at night.	During work, whenever the subject is thirsty.
B. Probable optimal amounts for average man working hard enough to sweat profusely.	For each hour of work, 2 grams. For each hour of rest, $\frac{1}{2}$ gram.	Enough to keep the thirst quenched at all times (as much as 12 quarts a day may be required).
C. Effect of deprivation during the day's work.	No symptoms and no measurable effects unless men are already low in salt.	Excessive thirst and fatigue, increasingly unfavorable pulse rate and rise in temperature as work continues; eventual heat exhaustion or hyperpyrexia.
D. Excess during the day's work.	Excessive thirst, often gastrointestinal upsets, characterized by nausea and even by vomiting and diarrhea; relatively high pulse rate and temperature.	Occasionally uneasiness of gastrointestinal tract if iced water is drunk. Excessive amount of urination.
E. Effect of long continued deprivation (over a period of days).	Poor performance, easy fatigue; eventual heat cramps.	Decreased efficiency, excessive thirst; high fever; eventual death.

3. On the basis of the above findings, the following recommendations can be made:

(a) Water should, if possible, be made available at all times during the day for men working in hot compartments or hot weather, and they should be strongly encouraged to drink as much as they want whenever they are thirsty. By this means a very striking improvement in efficiency is gained. Water considerably in excess of the amount required to quench thirst is more beneficial than merely the amount necessary to quench thirst.

(b) When the water supply is limited, men should be taught that a hard day's work may become uncomfortable, but can be tolerated although efficiency decreases progressively throughout the day. They should be encouraged to drink as much as they wish at night and in the morning before starting to work, and instructed to consume their limited ration in small sips throughout the day.

(c) Men working in hot environment will need an average of 15 to 20 grams of sodium chloride per day. Since the average diet contains only from 10 to 15 grams a day, from 5 to 10 grams (1 to 2 level teaspoons or 7 to 15 of the 10-grain tablets) must be taken in addition. Preferably, this salt should not be administered during the day's work, but with the food and during rest periods, especially in the evening. Some men may fail to take sufficient salt with meals, and facilities for the ingestion of salt during or between watches may therefore be necessary, as advised in reference (a). In this connection, it should be noted that salt tablets frequently cause irritation of the stomach with pain and nausea, especially when swallowed whole, and therefore whenever practicable, salting the drinking water should be preferred. Five grams (a level teaspoon or 7- to 10-grain salt tablets) per gallon of water is sufficient, and when more is used a salty taste can barely be noticed.

(d) Excessive amounts of salt should be avoided, since they lead (1) to unpleasant symptoms of thirst, and frequently gastrointestinal irritation, with nausea and occasional diarrhea or vomiting, and (2) to a measurable decrease in efficiency for work in the heat.

4. Officers and men should be informed of this method of meeting the requirements of water and salt when working in hot environments, and of the improved physical condition and better performance that may be expected from following these instructions.—*Ross T McIntire.*

42-122—Lists of Naval and National Cemeteries

P6-6(053), 16 Dec. 1942

To: COMDTs, NDs (8, 9, 12, and 13).

NavHosps (all types continental).

Sub-Base, New London, Conn.

NAS (Lakehurst, Miami, Banana River, and Tongue Point).

MarCorps Air Stas (Cherry Point and Mojave).

NavSecBases (Portland and Morehead City).

NRABs (Peru, Pasco, St. Louis, Detroit (Grosse Ile), Minneapolis, Ottumwa, and Chicago (Glenview)).

NavTraSta, Navy Pier, Chicago, Ill.

AvOpTraSta, Brunswick, Ga.

NavPre-FISCo!, Athens, Ga.

NavTraScol, Detroit, Mich.

NSD, Barstow, Calif.

NavDISPs (Long Beach and San Pedro).

NavConsTraCen, Davisville, R. I.

Encl.: A (HW) lists of cemeteries.

1. In connection with care of the remains of Naval and Marine Corps dead, there are forwarded herewith lists of naval and national cemeteries available for burial of the remains of those who die while on the active or retired lists of the Navy and Marine Corps, or of those who have had honorable service therein.

2. Except at Arlington National Cemetery, the national cemeteries have limited facilities for receiving and caring for the remains and the available services are usually limited to the opening and closing of the grave. Naval honors may be provided only at those national cemeteries in the immediate

vicinity of a naval activity. Relatives should be informed that the Navy is unable to provide naval honors where the cemetery is not located near a naval activity and that they must make all funeral arrangements with the Superintendent of the National Cemetery.—*Ross T McIntire.*

Naval and national cemeteries available to naval hospitals for burials

Annapolis, Md.	Naval cemetery, Naval Academy.
Bethesda, Md.	Arlington National Cemetery.
Charleston, S. C.	National Cemetery, Beaufort, S. C.
Chelsea, Mass.	Navy plot, Woodlawn Cemetery, Everett, Mass.
Corpus Christi, Tex.	Navy plot, Rose Hill Park Cemetery, Corpus Christi, Tex.
Farragut, Idaho.	Navy plot.
Fitzsimmons General Hospital, Denver, Colo.	Government plot, Fairmont Cemetery; Catholics buried in free lots, Mount Olivet Cemetery.
Great Lakes, Ill.	Naval Cemetery.
Guantanamo Bay, Cuba	Do.
Jacksonville, Fla.	National Cemetery, St. Augustine, Fla.
Key West, Fla.	Navy plot, City Cemetery.
Long Beach, Calif.	Veterans' Administration Facility Cemetery, West Los Angeles, Calif.
Mare Island, Calif.	Golden Gate National Cemetery, San Bruno, Calif.
Memphis, Tenn.	National Cemetery, Memphis, Tenn.
New London, Conn.	Navy plot, Cedar Grove Cemetery.
New Orleans, La.	Chalmette National Historical Park, New Orleans, La.
Newport, R. I.	Navy plot, Island Cemetery.
New River, N. C.	National Cemetery, New Bern, N. C.
New York (Brooklyn and St. Albans).	Long Island National Cemetery, Pinelawn, N. Y.
Norfolk, Va.	Arlington National Cemetery; Navy plot, Evergreen Memorial Park; Hampton National Cemetery.
Oakland, Calif.	Golden Gate National Cemetery, San Bruno, Calif.
Parris Island, S. C.	National Cemetery, Beaufort, S. C.
Pearl Harbor and Aiea, T. H.	Nuuuanu Cemetery, Halawa Cemetery.
Pensacola, Fla.	National Cemetery, Barrancas, Fla.
Philadelphia, Pa.	National Cemetery, Philadelphia, Pa.
Portsmouth, N. H.	Naval cemetery.
Puget Sound, Wash.	Navy plot, Ivy Green Cemetery, Bremerton, Wash.
Quantico, Va.	Arlington National Cemetery.
San Diego, Calif.	Fort Rosecrans National Cemetery, San Diego, Calif.
Sampson, N. Y.	National cemetery, Elmira, N. Y.
Seattle, Wash.	Navy plot, Washelli Cemetery, King County, Wash.
Treasure Island, Calif.	Golden Gate National Cemetery, San Bruno, Calif.

List of national cemeteries, showing location of each and how remains to be consigned

<i>Cemetery</i>	<i>Consign to—</i>
Alexandria, La.....	Superintendent, National Cemetery, Pineville, La.
Alexandria, Va.....	Superintendent, National Cemetery.
Annapolis, Md.....	Do.
Andersonville, Ga.....	Do.
Andrew Johnson (Greenville), Tenn.	Superintendent, Andrew Johnson National Cemetery, Greenville, Tenn.
Arlington National Cemetery	Officer in charge, Arlington National Cemetery, Fort Myer, Va.
Balls Bluff (Leesburg), Va....	Superintendent, Balls Bluff National Cemetery, Leesburg, Va.
Baltimore, Md.....	Superintendent, national cemetery.
Barrancas, Fla.....	Commanding officer, U. S. Naval Hospital, Pensacola, Fla.
Baton Rouge, La.....	Superintendent, National Cemetery.
Beaufort, S. C.....	Do.
Beverly, N. J.....	Do.
Camp Butler, Ill.....	Superintendent, Camp Butler National Cemetery, Springfield, Ill.
Camp Nelson, Ky.....	Superintendent, Camp Nelson National Cemetery, Nicholasville, Ky.
City Point, Va.....	Superintendent, City Point National Cemetery, Hopewell, Va.
Cold Harbor, Va.....	Superintendent, Cold Harbor National Cemetery, Richmond, Va.
Corinth, Miss.....	Superintendent, National Cemetery.
Culpeper, Va.....	Do.
Custer Battlefield.....	Superintendent, Custer Battlefield National Cemetery, Crow Agency, Mont.
Danville, Ky.....	Superintendent, National Cemetery.
Danville, Va.....	Do.
Fayetteville, Ark.....	Do.
Finns Point, N. J.....	Superintendent, Finns Point National Cemetery, Salem, N. J.
Florence, S. C.....	Superintendent, national cemetery.
Fort Bliss, Tex.....	Superintendent, Fort Bliss National Cemetery, El Paso, Tex.
Fort Gibson, Okla.....	Superintendent, national cemetery.
Fort Harrison, Va.....	Superintendent, Fort Harrison National Cemetery, Richmond, Va.
Fort Sam Houston, Tex.....	Superintendent, National Cemetery.
Fort Leavenworth, Kans.....	Do.
Fort McPherson, Nebr.....	Superintendent, Fort McPherson National Cemetery, Maxwell, Nebr.
Fort Rosecrans, Calif.....	Commanding officer, naval hospital, San Diego, Calif.
Fort Scott, Kans.....	Superintendent, National Cemetery.
Fort Smith, Ark.....	Do.
Fort Snelling, Minn.....	Do.

List of national cemeteries, showing location of each and how remains to be consigned—Continued

<i>Cemetery</i>	<i>Consign to—</i>
Glendale, Va.	Superintendent, Glendale National Cemetery, Richmond, Va.
Golden Gate, San Bruno, Calif.	Superintendent, National Cemetery. Note.—Additional telegram to Commandant, Twelfth Naval District, requesting naval honors.
Grafton, W. Va.	Superintendent, National Cemetery.
Hampton, Va.	Do.
Jefferson Barracks, Mo.	Do.
Jefferson City, Mo.	Do.
Keokuk, Iowa	Do.
Knoxville, Tenn.	Do.
Lebanon, Ky.	Do.
Little Rock, Ark.	Do.
Long Island, Farmingdale, N. Y.	Superintendent, Long Island National Cemetery, Pinelawn, N. Y. Note.—Additional telegram to naval hospital, Brooklyn, requesting naval honors.
Loudon Park, Md.	Superintendent, Loudon Park National Cemetery, Baltimore, Md.
Marietta, Ga.	Superintendent, National Cemetery.
Memphis, Tenn.	Do.
Mill Springs, Ky.	Superintendent, Mill Springs National Cemetery, Nancy, Ky.
Mobile, Ala.	Superintendent, National Cemetery.
Mound City, Ill.	Do.
Nashville, Tenn.	Do.
Natchez, Miss.	Do.
New Albany, Ind.	Do.
New Bern, N. C.	Do.
Philadelphia, Pa.	Commanding officer, naval hospital, Philadelphia, Pa.
Poplar Grove, Va.	Superintendent, Poplar Grove National Cemetery, Petersburg, Va.
Port Hudson, La.	Superintendent, Port Hudson National Cemetery, Zachary, La.
Quincy, Ill.	Superintendent, National Cemetery.
Raleigh, N. C.	Do.
Richmond, Va.	Do.
Rock Island, Ill.	Do.
Salisbury, N. C.	Do.
Santa Fe, N. Mex.	Do.
Seven Pines, Va.	Superintendent, Seven Pines National Cemetery, Richmond, Va.
Shiloh, Tenn.	Superintendent, Shiloh National Cemetery, Pittsburg Landing, Tenn.
Sitka, Alaska	Superintendent, National Cemetery.

List of national cemeteries, showing location of each and how remains to be consigned—Continued

<i>Cemetery</i>	<i>Consign to—</i>
Soldiers' Home, Washington, D. C.	Superintendent, Soldiers Home National Cemetery, Washington, D. C.
Springfield, Mo.	Superintendent, National Cemetery.
St. Augustine, Fla.	Do.
Staunton, Va.	Do.
Wilmington, N. C.	Do.
Winchester, Va.	Do.
Woodlawn, N. Y.	Superintendent, Woodlawn National Cemetery, Elmira, N. Y.
Zachary Taylor, Ky.	Superintendent, Zachary Taylor National Cemetery, Louisville, Ky.

OTHER CEMETERIES

Los Angeles, Calif.	Manager, Veterans' Administration Facility Cemetery, West Los Angeles.
New Orleans, La.	Chalmette National Historical Park, Consign to commandant Eighth Naval District.

42-126—Insect repellents, and insecticide for lice

P2-3(123); 26 Dec. 1942

To: All ships and stations.

1. Insect repellents, which experimentally have proved to be quite satisfactory and far superior to oil of citronella and other substances used in the past, are now available. They should be obtained from the United States Naval Medical Supply Depots and employed in all areas where troops are exposed to the bites of mosquitoes, flies, gnats, fleas, and chiggers (red bugs). The repellent for these insects is a liquid contained in a bottle of convenient size for a pocket or kit.

(a) For mosquitoes, biting flies, gnats, and fleas, this repellent should be used in the following manner:

Shake about 12 drops into 1 hand. Rub hands together, then apply in a thin layer by rubbing all exposed areas until they are covered. Apply in a similar manner on clothing where insects are biting frequently. Apply with caution around eyes and mouth.

The repellent effect lasts from 2 to 4 hours, after which the application should be repeated.

(b) For chigger protection, the repellent should be used as follows:

Apply $\frac{1}{2}$ -inch barrier to all openings of the uniform by drawing mouth of bottle along cloth. Apply to inside neck, fly, and cuffs of shirt; inside waist, fly, and cuffs of trousers, and on socks above shoes. Leggings should be treated along all edges.

Clothing may be treated several days before it is worn, and one application is effective until the uniform is normally changed for laundering.

(c) The liquid repellents now available are solvents of paints and some

plastics. Repellents without this disadvantage may possibly be found in the near future.

2. The insecticide for the destruction of body lice, head lice, or crab lice is a powder contained in a can with a sifter top. To use, dust lightly the seams of clothing or infested parts of the body at weekly intervals. This powder is also of value for the prevention of tick bites. For this purpose, dust the belt line and inner side of the clothing of the lower extremities, including socks and shoes. When troops are sleeping on the ground, their bedding may be protected from infestation with crawling insects by lightly dusting it with the powder at weekly intervals.

3. The insect repellents and insecticide may be obtained from the United States naval medical supply depots under the following designations:

Stock No.	Symbol	Status	Item	Unit	Approximate price
S13-450.....	g	T	Insect, repellent, liquid, for mosquitoes, biting flies, gnats, fleas, and chiggers (1).	2 oz. bot...	\$0.17
S13-451.....	g	T	Insecticide, powder, for body lice and ticks (1).	2 oz. pkg..	.17

4. Medical officers are urged to observe the effectiveness of these repellents and report their findings to the Bureau of Medicine and Surgery.—*Ross T McIntire.*

42-128—Prescriptions Containing Narcotics; Issuance by Naval Medical Officers for Filling by Private Registered Druggist

JJ57/L4(124); 30 Dec. 1942

To: AllNavStas and MarCorps activities.

Ref.: (a) Amendment to Internal Revenue Code. (Art. 95, Bureau of Narcotics Regulations No. 5, June 1, 1938.)

1. Reference is quoted herewith for the information of all naval medical officers:

“TITLE 26”—INTERNAL REVENUE

CHAPTER 1—BUREAU OF INTERNAL REVENUE

(T. D. 33)

PART 151—REGULATIONS UNDER THE INTERNAL REVENUE CODE RELATING TO NARCOTICS

(Regulations No. 5)

Importation, Manufacture, Production, Compounding, Sale, Dealing in, Dispensing and Giving Away of Opium or Coca Leaves or any Compound, Manufacture, Sale, Derivative, or Preparation Thereof

AMENDMENT TO JOINT NARCOTIC REGULATIONS MADE BY THE COMMISSIONER OF NARCOTICS AND THE COMMISSIONER OF INTERNAL REVENUE WITH THE APPROVAL OF THE SECRETARY OF THE TREASURY

Section 151.95 of Part 151—(Regulations under chapters 23 and 27 of the Internal Revenue Code) Article 95 of Bureau of Narcotics Regulations

No. 5, dated June 1, 1938, is hereby amended by adding thereto the following:

Officers of the medical corps of the Army and Navy, in the course of official medical treatment of Army and Navy personnel and members of their families entitled to receive such treatment, are required to issue prescriptions for these patients which may call for narcotic drugs or preparations. Under circumstances where the drug or preparation required by the patient for medical use cannot be furnished from official stocks, it is necessary that it be obtained, pursuant to the official prescription, from a drug store duly qualified by registration under the Federal narcotic law to fill narcotic prescriptions.

Such prescriptions, issued in the course of official professional practice only, and prepared on official blanks or stationery (such as printed forms of an army or navy hospital or dispensary) and otherwise meeting the requirements of Narcotic Regulations No. 5 (Part. 151, Chapter I, this Title) relating to narcotic prescriptions, may be filled by a duly registered druggist although they do not bear a registry number of the issuing practitioner; provided they bear the signature, title, corps, and serial or jacket number of the issuing medical officer. Such prescriptions, when filled, shall be filled with, and retained for the same period as narcotic prescriptions issued by regularly registered practitioners and filled by the druggist.

This procedure shall not apply in the case of prescriptions written by an army or navy medical officer in the treatment of a private patient, i. e., a patient not entitled to receive medical treatment from the physician in the latter's capacity as a service medical officer. In prescribing and dispensing narcotic drugs to such private persons, the officer is subject to all the requirements of the Federal narcotic law, including registration and payment of tax, as are imposed upon other physicians conducting private medical practice.—*Ross T McIntire.*

43-1—Effects of and Protection Against Chlorinated Hydrocarbons

P2-4/JJ(094); 2 Jan. 1943

To: All Ships and Stations.

1. The attention of all medical officers is directed to the fact that several deaths from yellow atrophy of the liver which have occurred recently in civilian cable plants have been attributed to inhalation of the fumes of chlorinated hydrocarbons.

2. Chlorinated naphthalenes and diphenyls because of their heat and moisture resisting properties, and because they are noninflammable are commonly used for insulating electric wire and cables which are so essential in practically all Navy ships.

3. A characteristic acneform dermatitis resulting from exposure to these substances has been known for a great many years. Contact with the solid wax substance as well as with the fumes will cause this condition so that the face which is exposed to the fumes and the body which is exposed to clothing saturated with the substances develop these acneform lesions. The chlornaphthalenes and the chlordiphenyls are similar in their action on the skin and liver.

4. In order to protect workers exposed to these substances, exhaust hoods

with sufficient suction should be installed over all processes from which chlorinated hydrocarbon fumes are apt to arise. Persons who have had any liver disease should not work with these substances; nor should workers with a history of typhoid fever, malaria, gallstones, or other diseases known to affect the liver adversely. Persons receiving arsenical treatment for syphilis should not be further exposed in their work to potential liver poisons. Pregnant women should not be exposed because the liver, in pregnancy, appears to be peculiarly susceptible to injury.

5. Experience seems to indicate that with medical supervision of workers and proper attention to ventilation the chlorinated naphthalenes and diphenyls can be manufactured and used with safety.—*Ross T McIntire.*

43-12—Inspection, Preparation, and Preservation of Food

L16-8(011); 21 Jan. 1943

To: All Ships and Stations.

Ref: (a) Navy Regulations, articles 1140, 1156, 1157, 1159, 1320, and 1323.
 (b) Manual of the Medical Department, 1945, pars. 12B3 and 35A3.

1. Medical officers are charged with definite responsibilities with regard to food which are covered in references (a) and (b).

2. These responsibilities have been increased as the result of the following developments:

(a) The change in the Navy ration from a food allowance to a money allowance.

(b) The frequent necessity under conditions of war for extended cruises in the course of which the supplies of fresh fruits, vegetables, eggs, and dairy products become unavoidably exhausted.

(c) The careless cooking of vegetables may result in the loss of significant amounts of vitamin C and of thiamine, and remaining on the steam table or in the warming oven over a period of time may result in further losses of these important substances. A recent study showed that in the careless cooking of string beans as much as 45 percent of the vitamin C and 35 percent of the thiamine was destroyed, and that 2 hours of standing on the steam plate destroyed an additional 30 percent of the vitamin C and 35 percent of the thiamine.

(d) The discovery of the fact that deficiency of vitamin A may measurably reduce night vision.

(e) The addition of certain vitamin-rich packaged foods such as lemon juice, powdered and synthetic; yeast; and powdered whole milk.

(f) The addition of multivitamin capsules providing per capsule approximately one-half the recommended daily intake of vitamin A, thiamine, riboflavin, niacin, and vitamin C for distribution upon the medical officer's recommendation. These capsules may be procured from the naval medical supply depot under the following designation:

Stock No.	Status	Item	Unit	Estimated price
S1-4633	T	Vitamins, multiple, tablets or capsules containing vitamin A: 2,500 USP units; D-200 USP units; B ₁ -1.0 mg.; B ₂ -1.5 mg.; C-87.5 mg.; nicotinic acid amide, 10.0 mg-----	100 bot.	\$0.90

RESTRICTED

JULY 1939-JULY 1945

3. It is strongly urged that all medical officers in cooperation with the supply department be constantly on the alert for breaks in technic and departures from the recommended methods for the preparation of food.—*Ross T McIntire.*

43-13—Treatment of Burns

P3-2/P3-1(024); 21, Jan. 1943

To: All ships and stations.

1. This will replace the instructions contained in the pamphlet of the Bureau of April 1942 entitled "Notes on Recent Advances in the Treatment of Wounds and Burns," pages 5 to 11, which are canceled herewith.

2. The following material is largely based on recent recommendations submitted to the Surgeon General by the Subcommittee on Burns of the Committee on Surgery of the Division of Medical Sciences, National Research Council. It is presented as a suggested method of treatment to be followed whenever practicable.

I. FIRST-AID TREATMENT

A. PRIMARY OBJECTIVES:

- (1) To protect the burned area, which is an open wound, from further contamination.
- (2) To prevent and combat shock as promptly as possible by plasma transfusion, if available.
- (3) To relieve pain.
- (4) To minimize fluid loss.

B. ASEPSIS:

The medical officer and assistants should be masked, if practicable; otherwise, mouths must be kept closed as far as possible since the hazard of infection from organisms in the nose and throat is greater than from any other source.

C. CHEMOTHERAPY:

Administer 4 grams (60 grains) of sulfadiazine by mouth. This is contained in the first-aid pouch.

D. PLASMA:

Administer plasma promptly, if available, or the equivalent number of units of human serum albumin, as this is an important element in the treatment of shock.

E. MORPHINE:

Pain should be relieved by adequate doses of morphine. Pain resulting from an extensive burn can ordinarily be relieved by a dose of one-half grain of morphine. If lung damage or pronounced anoxia from any other cause is present, large doses of morphine are dangerous. Under these conditions the dose should be limited to one-quarter grain.

F. BURNED AREA:

Do not use tanning or other eschar treatment. Remove rings from fingers of burned hands. Irrespective of location, apply boric acid ointment over the burned surface, or, if this is not available, use vaseline. Lay one or

two layers of sterile fine mesh gauze (44-mesh gauze bandage is satisfactory) smoothly over the ointment-covered burn. Place over this a smooth thick layer of sterile gauze dressing, large or small first-aid dressing being especially suitable for this purpose. Finally, apply a gauze or muslin bandage firmly over the dressing. When an extremity is involved, a splint is advised as a final step in the dressing.

G. PROPHYLAXIS AGAINST TETANUS AND GAS BACILLUS INFECTION:

All personnel with burns of the second and third degree shall be given an emergency injection of 0.5 ($\frac{1}{2}$) cubic centimeter of tetanus toxoid injected intramuscularly, providing they have received initial immunization. The prophylactic dose of gas bacillus antitoxin may be given at the discretion of the medical officer.

H. EYES:

A single instillation of 2 percent butyn ophthalmic ointment may be given for burns of the eyeball. Caution against rubbing the eyes in view of the hazard of injury to the anesthetized cornea.

II. DEFINITIVE TREATMENT

A. PRIMARY OBJECTIVES:

(1) To combat shock by adequate, prompt, and rapid plasma or human serum albumin administration. Quantities up to 12 units of plasma may be required in the first 24 hours in patients with severe burns. Plasma must be given rapidly (500 cubic centimeters in 5 minutes) to the patient in critical condition; if possible, not being allowed to flow drop by drop. Syringe injection may be used.

(2) To minimize contamination of the burned area, which is an open wound.

(3) To remove first-aid dressing for definitive treatment.

(4) To minimize fluid loss. Parenteral fluid replacement, other than that supplied in the form of plasma or whole blood transfusion, should be obtained by means of 5 percent glucose in sterile distilled water. The intravenous injection of sodium chloride solution should be reserved for those burn cases in which mineral depletion is marked, as when great loss of electrolytes results from persistent vomiting.

(5) To continue chemotherapy with special regard to fluid intake and output and renal damage. Sulfadiazine, subsequent to the initial first-aid dose, should be given only under the direction of a medical officer. While sulfadiazine is the drug of choice, sulfanilamide may be substituted. It is emphasized that although sulfonamide therapy may prevent infection, caution must be exercised in administering such treatment in burn cases. The danger of renal complications is materially increased by the extensive fluid loss and possible kidney damage so common in burn cases. Maintenance doses of sulfadiazine should be given in 0.5 gram ($7\frac{1}{2}$ grains) doses every 4 hours until such time as adequate renal function can be assured, when the dosage may be increased to 1 gram (15 grains) every 4 hours.

B. "OPEN" TREATMENT:

(1) *Ascpisis*.—Surgeons and assistants are masked and gowned. The patient is also masked.

(2) *Cleansing*.—If contaminated with oil use the detergent supplied for

the purpose by the naval medical supply depot. In the event that this may not be available, sterile lard or mineral oil are suitable. Follow the detergent application by white soap (Ivory or similar) and sterile water. Cleanse separately and carefully the surrounding skin with white soap and water. Do not use brushes in the cleansing of the burn, and avoid applying tincture of green soap.

(3) *Debridement*.—All blisters and loose shreds of epidermis are carefully removed with sterile forceps and scissors. Cleanse with plain white soap, soft cotton, and sterile water; the area around the burn being cleansed as gently but as thoroughly as possible. If the burned surface is washed, it must be done with minimum trauma. It is not always necessary to wash the burned surface. Evidence of irreparable damage to deeper layers of skin may not be apparent for several days and excision in such cases should be done as a secondary procedure. The resulting wound should be handled like any other open surgical wound, primary grafting of skin being carried out if conditions permit. General anesthesia, preferably obtained by intravenous injection, should be utilized for painful surgical procedures or dressings. Local anesthesia is contraindicated.

(4) *Pain*.—In most instances, morphine sedation is all that is necessary.

(5) *Dressing of the burned area*.—Apply fine mesh sterile gauze (44-mesh gauze bandage is satisfactory), impregnated with boric acid ointment or vaseline over the prepared surface. A smooth thick layer of sterile dressing is now added over this; this may consist of gauze, absorbent cotton, cotton waste, or cellulose. The dressings are to be held in place with smooth, even compression by an evenly and firmly applied bandage. Stockinette or some form of elastic bandage is more effective than the roller bandage. Unless complications develop, the dressing should not be disturbed for 10 days, with merely occasional tightening of the bandage. Firm pressure is especially important in the case of burns of the hands and face. If an extremity is involved, the dressing starts near the tips of the digits, the latter being separated. Uninvolved tips are left exposed to check for circulation. A splint is added as a final step in the dressing when an extremity is involved.

(6) *Skin grafting*.—At the end of 10 days, areas of part thickness loss, that is, second-degree burns, should be largely healed. Areas of whole thickness loss, that is third-degree burns, may be prepared for grafting by excision of the dead tissue. If suppuration is present, wet dressing may be advisable. However, skin grafting at the earliest opportunity is mandatory if the whole thickness of the skin has been destroyed. Transfusion of fresh whole blood is required to combat the rapidly developing severe anemia complicating severe burns. When such anemia occurs, whole blood transfusion is particularly indicated as a preliminary to skin grafting.

C. "Closed" treatment (tanning or eschar treatment):

(1) *Indications*.—This procedure is particularly indicated in extensive flash or second-degree burns of the trunk. It is recommended only under the following conditions:

(a) If not more than 12 hours have elapsed since the casualty occurred.

(b) If the burned area has not been grossly contaminated by contact with soiled clothing or immersion in sewage-contaminated water.

(c) If strict surgical asepsis is employed in the preparation of the burned surface.

(d) Only if coagulation is rapidly accomplished, as with tannic acid spray and silver nitrate. Slow methods of tanning, such as with tannic acid jelly or tannic acid without silver nitrate, permit absorption of tannic acid with the possibility of serious toxic effects, particularly on the liver.

(2) *The tanning or eschar technic.*—Burns of all surfaces, except those of the hands, feet, perineum, and genitalia, and those involving the circumference of an extremity, may be treated with tannic acid and silver nitrate. A freshly prepared 10 percent aqueous tannic acid is sprayed over the burned area. This is followed immediately by spraying the area with a fresh mixture of equal parts of 10 percent tannic acid and 10 percent silver nitrate solution. The latter mixture is then sprayed on the burn every one-half hour for a total of four applications, or until a satisfactory eschar has been formed. Care should be taken to avoid spraying normal skin about the wound. While drying, the burned area may be kept exposed to the air in a heated cradle. The hands, face, feet, perineum, and genitalia should not be tanned.

After the eschar is dry, it may be covered with a dry sterile dressing, and, in the absence of infection, should be allowed to separate spontaneously. If infection develops, the eschar must be removed from the entire infected area and the latter then managed like any other infected wound with the appropriate systemic and local therapy.

D. Alternate treatment with physiological saline solution:

Physiological saline has been found useful in the treatment of burns involving the face, feet, hands, and especially fingers; also the genitalia flexures and the perineum. It may also be applied in the therapy of surface infections following the removal of eschars produced by tannic acid or other coagulants. The saline solution may be employed in the form of packs or baths.—*Ross T McIntire.*

43-17—Restrictions and Precautions in the Use of Sulfonamide Drugs

P3-2/JJ47(011), 25 Jan. 1943

To: All ships and stations.

1. The Bureau wishes to bring to the attention of all medical officers that in addition to renal complications and other untoward effects, it is known that the oral administration of sulfonamide drugs may result occasionally in visual disturbances, impaired sensory perceptions, and impaired judgment. Evidence is accumulating that mild mental confusion, coordination defects, and other insidious manifestations may be caused by these drugs.

2. The oral administration of sulfonamides to those on a duty status should be undertaken only after careful consideration of the duties and responsibilities of the patient.

3. Aviators and aircraft crew members shall not be permitted to participate in aerial flights until at least two days after the oral administration of the last dose. Where symptoms or signs persist beyond this period, at least 2 days should be allowed after their disappearance before return to a flying status. This does not apply to passengers or patients being transported by air.—*Ross T McIntire.*

43-21—CMP Program Allotment Number, Assignment of to Requisitions and Purchase Orders for Medical Department Supplies and Equipment.*L8-2/FS(111); 2 Feb. 1943***To:** A1NavStas, Ships and MarCorps Activities.

1. The program allotment number assigned the Medical Department of the Navy is N-7.

2. Requisitions and purchase orders placed with manufacturers or dealers for supplies and equipment procured for the Medical Department of the Navy, and the accompanying preference rating certificates, should carry the program allotment number as well as priorities preference ratings after 1 Apr. 1943. Those orders already placed for deliveries after 1 Apr. 1943 should also carry the program allotment number.

3. Program allotment number N-7 should be entered on the covering sheets of requisitions and purchase orders, on PD-3A forms in the space (ANMB Code No. —), and on PD-4X forms in the space under "Allocations, classification and purchasers' symbols" in the same manner as the Allocation classification symbol N-6.40 was used under priorities regulation No. 10.

4. The use of the program allotment number in no way modifies instructions or directives concerning the assignment of priorities preference ratings.—*Ross T McIntire.*

43-42—Handbook of the Hospital Corps, U. S. Navy, 1939*A10-1/EN10(061-36) 26 Mar. 1943***To:** NavHosp.**Ref.:** (a) BuMed ltr. A10-1/EN10(061-36), 3 Mar. 1942.

1. The authority contained in paragraph 4 of reference (a) to issue a copy of the subject-named publication to hospital corpsmen of class V-6, U. S. N. R. has been extended by the Secretary of the Navy to include class V-10, U. S. N. R. By direction of the Chief, BuMed.—*W. J. C. Agnew.*

43-46—Instructions for Aptitude Boards*P3-1/P19-1(123); 9 Apr. 1943***To:** NDs; NavTraStas; NavConstrTraCens; MarCorps Base, San Diego, Calif.; and MarBks, Parris Island, S. C.

1. The Bureau is receiving an increasing number of inquiries from members of Congress, local Selective Service boards, and from individuals regarding the reasons for discharge of men who have been separated from the service upon the recommendation of aptitude boards. In many cases, the boards' reports are so meager and indefinite that it is difficult for the Bureau to make satisfactory replies.

2. The Bureau is well aware of the excellent work which has been done and is being done by the aptitude boards in eliminating men from the service who are temperamentally unsuited or who are potential psychotics, and it is desired that the careful screening of recruits be continued. It is necessary, however, that any appearance of hasty or arbitrary action be avoided.

This does not mean that the boards should relax their vigilance but they should assemble as much evidence of the unfitness of the individual as may be practicable before arriving at any final conclusion. Such evidence should include, whenever practicable, information obtained through the Red Cross and from relatives, family physicians, school officials, etc., in the individual's home community. This confirmatory evidence should be carefully evaluated and briefed or summarized in the board's report.

3. The Bureau is fully cognizant of the fact that this change in procedure will result in a slowing down of the process of eliminating the unfit and undesirable among the recruits, but more complete reports and records in these cases are essential. It should be borne in mind that when a man is discharged from the naval service upon the recommendation of an aptitude board, he is thereby classified as unfit for any military service, and is automatically placed in a deferred status for the duration of the war. With the man power problem becoming more and more acute, hasty and ill-advised action by aptitude boards resulting in the discharge of men without due consideration would render the system vulnerable to criticism and possibly jeopardize the whole screening process.

4. As soon as a man has been discharged from the service upon the recommendation of an aptitude board, the following records should be fastened together and forwarded to the Bureau of Medicine and Surgery in the same envelope without delay:

- (a) The terminated health record.
- (b) The aptitude board's report.
- (c) The substantiating data referred to in paragraph 2.

5. It is requested that this letter be brought to the attention of the members of the aptitude board at your station for their information and guidance.—*Ross T McIntire.*

43-50—Pathological Material, Collection and Shipment of Specimens

A11/P3-4 (041); 15, Apr. 1943

To: All ships and stations.

Ref.: (a) Paragraph 16C10, Manual of the Medical Department, United States Navy, 1945.

1. War has emphasized the pressing need for a clearer understanding of the pathology underlying many medical and surgical conditions produced by modern military and naval operations. These include the changes brought about by the abnormal physiology of flying, injuries induced by air blast and water blast; the renal complications of "crush" syndrome, damage caused by prolonged exposure to the elements, results of prolonged chemotherapy, pathology of tropical or exotic diseases and epidemic diseases of military importance. Autopsy and other pathological material from these and kindred conditions is urgently needed for study.

2. Medical Department personnel attached to fleet hospitals, epidemiological and malarialogical units, hospital ships and other organizations in combat areas or in regions where tropical and exotic diseases exist are particularly well situated to furnish this material. The collection of these specimens at a central depository will enable them to be used for research

or teaching purposes and will provide a nucleus for a museum of war pathology.

3. It is therefore directed that all activities forward representative, adequately labeled specimens of all autopsies and of pertinent surgical material to the Medical Officer in Command, Naval Medical School, National Naval Medical Center, Bethesda, Md.

4. Pathological specimens in adequately labeled containers shall be well packed in wooden or metal cases and addressed "Medical Officer in Command, Naval Medical School, National Naval Medical Center, Bethesda, Md." The words "Anatomical specimens" shall be stenciled or painted on each case. Cases shall be delivered to the local supply officer or master of ship with instructions to deliver to a supply officer at a port of call in the United States for forwarding by express on a Government bill of lading.

5. Autopsies should be as complete as possible and blocks should be obtained from all organs. The block should be cut not thicker than 0.5 centimeter and not less than 2 centimeters square. The simplest fixative is 10 percent formalin to which a small piece of calcium carbamate has been added. The fluid should be changed once before shipment. Unless the tissue is well fixed before shipping, the volume of the fixative should be 10 times that of the tissue.

6. Tissues which are to be studied for protozoa or for inclusion bodies in viral diseases must be fixed in Zenker's fluid or Bouin's fluid. Ten percent formalin must not be used.

Preparation of Zenker's fluid

Mercuric chloride-----	5.0 grams.
Potassium bichromate-----	2.5 grams.
Distilled water-----	100.0 cubic centimeters

Add 5.0 cubic centimeters of glacial acetic acid just before using. Remove the tissue in 12 to 24 hours. Wash in water for 12 hours. Mail in 70 percent alcohol, tinged with iodine. Caution—do not leave tissue in Zenker's fluid longer than 24 hours.

Preparation of Bouin's fluid

Commercial formalin-----	15.0 cubic centimeters.
Saturated aqueous solution, picric acid-----	80.0 cubic centimeters.

Add 5.0 cubic centimeters of glacial acetic acid just before using. Remove the tissue in 24 to 48 hours and transfer directly to 50 to 70 percent alcohol without washing. The alcohol should be changed every 24 hours until there is no further leaching of picric acid. Ship in 70 percent alcohol.

7. The bottle containing the blocks must be legibly labeled, stating the fixative used and securely stoppered. It should then be surrounded by cotton and placed in a mailing case. The clinical history and autopsy protocol must accompany the material in the mailing case.

8. Gross specimens intended for the museum should be fixed, whenever possible, by a method that will preserve the natural colors. Two methods, Kaiserling and the carbon monoxide, are available.

THE KAISERLING METHOD

(a) The tissue is fixed for 3 to 7 days in Kaiserling I, after which it is washed in running water for 12 to 24 hours.

Kaiserling I

Potassium acetate	170 grams.
Potassium nitrate	90 grams.
Formaldehyde solution (commercial)	1,600 cubic centimeters.
Water	8,000 cubic centimeters.

(b) The tissue is placed in 95 percent alcohol for 6 to 24 hours, or until full development of the natural red color occurs. It is then washed in running water for 2 hours and placed in the final mounting solution, Kaiserling II.

Kaiserling II

Potassium acetate	1,720 grams.
Glycerine	2,000 cubic centimeters.
Water	10,000 cubic centimeters.
Phenol	20 cubic centimeters.

THE CARBON MONOXIDE METHOD

(a) The specimen is fixed for 3 to 7 days in the following solution:

Formaldehyde solution (commercial)	100.0 cubic centimeters.
Sodium chloride	1.1 grams.
Sodium bicarbonate	1.0 gram.
Water	1,000.0 cubic centimeters.

(b) After thorough fixation, illuminating gas is bubbled through the solution for 15 minutes each day until a satisfactory color is developed.

(c) The specimen is then transferred to the final mounting solution without washing. The solution is:

Cane sugar	40 grams.
Chloral hydrate	2 grams.
Water	100 cubic centimeters.

Kaiserling II may be substituted as the mounting solution.

The label attached to the gross specimen should clearly state the fixative used.—L. Sheldon, Jr.

43-51—H(S) Psychologists at Primary Training Stations, Appropriate Duties for

QR/OM(043); 15 Apr. 1943

To: Chief, NavAirPrimTra (Fairfax, Kans.); NAS (Primary Training Bases); Naval Reserve Aviation Bases.

1. There has been some confusion regarding the types of duty to which H(S) psychologists might properly be assigned at primary training bases.

The following list of appropriate duties is forwarded as a guide to the commanding officer in this regard.

2. H(S) psychologists *should* be assigned to the following duties:
 1. Administration of tests specified for administration at primary training bases.
 2. Administration of authorized tests to "stragglers" who fail to exhibit a complete test-record at this point.
 3. Reporting and interpretation of flight aptitude ratings to advisory boards.
 4. Preparing digests of flight and academic records for consideration by advisory boards.
 5. Maintenance and improvement of local record-keeping systems.
 6. Serving as cadet advisory officer in regard to study methods of cadets, their normal adjustment to station routines, etc.
 7. Aiding and advising in the preparation of locally developed ground training examinations.
 8. Preparing and interpreting such statistical analyses of local problems as the commanding officer may desire.
 9. Work in connection with indoctrination activities in the low-pressure chamber.
 10. Terminal interviews with students dropped from training.
 11. At request of the superintendent of aviation training, interviews with students who are having difficulty learning to fly.
 12. Giving technical aid in such technical matters as weighting and assignment of grades, employment of authorized rating scales, etc.
 13. Engaging in specified local researches when approved by the Bureau of Medicine and Surgery and by the commanding officer.
 14. Assisting in the improvement of instructor-student relationships by interpreting one to the other, assisting in assignment process, etc.
3. H(S) psychologists *should not* be assigned to:
 1. Conducting psychiatric interviews. Such interviews should be conducted by qualified medical officers.
 2. Routine ground training instruction. Experience in such instruction is desirable during indoctrination of the H(S) psychologist but should not be assigned as a permanent duty.—*Luther Sheldon, Jr.*

43-58—Treatment of Gonorrhea Among Armed Guard Personnel

P3-2/P3-1(044); 24 Apr. 1943

To: NDs.

1. It is the opinion of this Bureau that cases of gonorrhea developing in armed guard crews aboard ship, when transfer for medical care is not practical, should receive appropriate treatment under the supervision of the commanding officer of the armed guard crew.
2. Recommended treatment is a single course of sulfathiazole tablets of one-half gram each given by mouth. Two tablets should be given 4 times a day (every 4 hours) for 5 days until a total of 40 tablets (20 grams) is administered. Patients should be encouraged to drink large quantities of water while receiving the drug.

3. It is understood, of course, that this treatment will be discontinued immediately if there are any complications or reactions. The more common reactions include fever, rash, nausea, or vomiting, and inflammation of the eyes.

4. Treatment should not be extended beyond 5 days even if discharge or other symptoms continue. Cases that do not improve and those developing complications should be hospitalized as soon as practicable.

5. Treatment with sulfathiazole should be undertaken with due regard to the duties and responsibilities of the patient. Occasionally the drug causes visual disturbances, mild mental confusion and defective muscular coordination. These disturbances may persist 2 days or longer after treatment and may not be recognized by the patient.

6. It is urged that facilities to provide venereal disease prophylaxis for exposed personnel be made readily available and that armed guard crews be instructed in their use.—*L. Sheldon, Jr.*

43-59—Reduction in Allowance of Litters, Metal Pole (Stock No. 6-145, Supply Catalog, MD, U. S. N.)

FS/S37-2(021-42); 26 Apr. 1943

To: All ships and stations.

Ref.: (a) BuMed ltr. 13 May 1942.

1. The allowance of metal pole litters for combatant ships and for auxiliary ships, other than troop-carrying vessels, is reduced from 3 percent, as stated in reference (a), to 1 percent of the complement of each ship.

2. The allowance of metal pole litters for troop-carrying ships of types AK, AKA, AP, APA, APC, APD, APH, and for allocated vessels serving with the Navy remains at 3 percent of the complement of each ship plus 5 percent of the number of troops carried.

3. The allowance for LST type vessels remains at 12 metal pole litters for each vessel.

4. Excess litters resulting from this reduction in allowance may be delivered to the supply officer for transfer to the nearest naval medical supply depot or naval medical storehouse. Such transactions should be recorded on Form S & A-71 at book value.—*L. Sheldon, Jr.*

JOINT LETTER—BUMED-BUPERS-MARCORPS

43-66—Instructions for Boards of Medical Survey Reporting on Officer Patients

P3-5/00(091); 29 Apr. 1943

To: NavHosp.

Refs.: (a) Part III, Chapter 3, Manual of the Medical Department, 1945.
(b) Article 1198-99, Navy Regulations.

1. The following paragraphs are quoted from recent laws relating to retirement and other benefits for officer personnel of the regular Navy and Marine

Corps and their reserve components who may suffer disability in time of war or national emergency:

(a) Public Law No. 775—Seventy-sixth Congress, approved August 27, 1940:

SEC. 4. All officers, nurses, warrant officers, and enlisted men of the United States Naval Reserve or United States Marine Corps Reserve, who, if called or ordered into active naval or military service by the Federal Government for extended naval or military service in excess of thirty days, suffer disability or death in line of duty from disease or injury while so employed shall be deemed to have been in the active naval service during such period, and they or their beneficiaries shall be in all respects entitled to receive the same pensions, compensation, retirement pay, and hospital benefits as are now or may hereafter be provided by law or regulation for officers, warrant officers, nurses, and enlisted men of corresponding grades and length of service of the Regular Navy or Marine Corps: Provided, That if a person who is eligible for the benefits prescribed by this Act be also eligible for pension under the provisions of the Act of June 23, 1937 (50 Stat. 305), compensation from the United States Employees' Compensation Commission under the provisions of section 304 of the Naval Reserve Act of 1938 (52 Stat. 1181) or retired pay under the provision of section 310 of the Naval Reserve Act of 1938 (52 Stat. 1183), he shall elect which benefit he shall receive.

(b) Public Law No. 188—Seventy-seventh Congress, approved July 24, 1941:

SEC. 8. (a) An officer or enlisted man of the active list of the Regular Navy or Marine Corps, or an enlisted man of the Fleet Reserve or Fleet Marine Corps Reserve, who incurs physical disability while serving under a temporary appointment in a higher rank, shall be retired in such higher rank with retired pay at the rate of 75 per centum of the active-duty pay to which he was entitled while serving in that rank.

(b) An officer or enlisted man of the retired list of the Regular Navy or Marine Corps who was placed thereon for reasons other than physical disability shall, if he incurs physical disability while serving under a temporary appointment in a higher rank, be advanced on the retired list to such higher rank with retired pay at the rate of 75 per centum of the active-duty pay to which he was entitled while serving in that rank.

(c) An officer of the retired list of the Regular Navy or Marine Corps who was placed thereon by reason of physical disability shall, if he incurs physical disability while serving under a temporary appointment in a higher rank, subject to the provisions of subsection (e) hereof, be advanced on the retired list to such higher rank with retired pay at the rate of 75 per centum of the active-duty pay to which he was entitled while serving in that rank.

(d) An officer of the retired list of the Regular Navy or Marine Corps who was placed thereon for reasons other than physical disability shall, if he incurs physical disability while serving on active duty in the same rank as that held by him on the retired list and if not otherwise entitled thereto, receive 75 per centum of the active-duty pay to which he was entitled while serving in that rank.

(e) The benefits of this section shall apply only to an individual who incurs physical disability in line of duty in time of war or national emergency. In the case of those officers to whom subsection (c) hereof is applicable retirement in the next higher rank shall be effected upon a finding by a naval retiring board that the disability was incident to the service while on active duty in the higher rank and upon a rating by such board, in accordance with regulations prescribed by the Secretary of the Navy, at not less than 30 per centum permanent disability. In all other cases officers shall be retired in accordance with existing law providing for the retirement of officers.

(f) The jurisdiction of naval retiring boards is hereby extended as may be necessary in the administration of this section, and their proceedings shall be conducted in all respects as provided by existing law and regulations except as may be necessary to adapt the same to cases provided for in this section.

(g) The provisions of this section shall not apply in any case unless the proceedings of the naval retiring board shall be commenced within six months from the termination of the temporary appointment or release from active duty of the individual concerned whichever may occur earlier.

SEC. 11. The provisions of this Act, except as may be necessary to adapt the same thereto shall apply to—

(a) Personnel of the Naval Reserve (except the Fleet Reserve) and the Marine Corps Reserve (except the Fleet Marine Corps Reserve) in like manner and to the same extent and with the same relative conditions in all respects as are provided for personnel of the regular Navy and Marine Corps, but this shall not be construed to authorize the temporary appointment of the personnel thereof to ranks or grades in the Regular Navy or Marine Corps.

(b) Personnel of the Coast Guard in relationship to the Coast Guard in the same manner and to the same extent as they apply to personnel of the Navy in relationship to the Navy: Provided, That temporary appointments may be made to such rank and grade in the Coast Guard, not above captain, as corresponds to the rank and grade that may be attained, either permanently or temporarily, by line officers of the Regular Navy or the same length of total commissioned service.

2. It will be noted that retirement benefits are provided for officers of the Naval and Marine Corps Reserve, for personnel serving under temporary appointments, and for retired officers on active duty only under certain specified conditions. For the purpose of determining whether or not an officer is eligible for retirement or other benefits prescribed under the laws quoted above, the following information should be included, as completely as practicable from sources locally available, in reports of medical survey wherein the board finds the officer to be incapacitated for the performance of all the duties of his rank and recommends that he be discharged, released from active duty or appear before a naval retiring board:

(a) The officer's permanent status.

(b) His temporary rank or ranks (if any) and dates of such appointments or promotions.

(c) The opinion of the board of medical survey as to the time of origin of the disability in relation to the dates of temporary appointments or promotions.

- (d) In the case of an officer of the Reserve—in addition to the above, the opinion of the board of medical survey whether the disability existed prior to the date he reported for active duty.
3. In view of the specific provisions of law, retiring board proceedings should not be recommended by survey boards in the following cases:
- (a) Reserve officers, unless the disability was incurred in line of duty while on active duty.
 - (b) Retired officers, unless the disability was incurred in line of duty in time of war or national emergency.
 - (c) Temporary officers (with no permanent officer status), unless the disability was incurred in line of duty in time of war or national emergency while serving under temporary appointment in officer rank.
4. In order that the Bureau of Naval Personnel and Headquarters, United States Marine Corps, may be able to prepare appropriate orders in all instances without undue delay, it is directed that whenever a board of medical survey recommends that an officer appear before a retiring board or be released from active duty; the board shall state:
- (a) Whether the officer does or does not require further hospitalization.
 - (b) Whether the officer is fit for (1) shore duty only, (2) shore duty within the continental limits of the United States, (3) limited shore duty within the continental limits of the United States, or (4) not fit for any duty.
5. If retiring board proceedings are recommended, a signed statement by the officer concerned that he does, or does not, waive his rights to appear before a naval retiring board, shall accompany the report of the board of medical survey. The statement shall be in the following form:
- In the event naval retiring board proceedings be instituted for the consideration of my case, I waive (or do not waive) my rights to appear before the naval retiring board or to be there represented by counsel.
- In cases where the right to appear is waived, the following statement should also be included:
- I certify that I have been informed of the contents of the report of medical survey as required by article 1195 (2), United States Navy Regulations, and that I am fully cognizant of the provisions of section 958, Naval Courts and Boards.
6. It is requested that these instructions be brought to the attention of all members of boards of medical survey reporting on officer patients in order that their findings and recommendations may be in accordance with the provisions of the law and be appropriate to the particular status of the officers concerned.—*H. Schmidt, L. E. Denfeld, Ross T McIntire.*

43-67—Change in Correspondence and File Practice

A6-5/EN(051); 6 May 1943

To: MedDept Activities.

Ref.: (a) SecNav ltr. Op13C-Jc(hjm) Serial 85813, 27 Apr. 1943, (N. D. Bull., Item 43-877).

1. Until specific directions are issued by this Bureau, it is directed that no change be made in the control of official correspondence and that such official

correspondence shall be over the signature of the commanding officer, the officer acting for him, or "By direction," responsive to his specific instruction.

2. Similarly, existing instructions regarding the preparation of file carbons and the maintenance of files shall remain in full force and effect.

3. This directive has specific reference to paragraphs 24, 25, 40, 41, 42, and 43 of reference.

4. This letter will be regarded as supplementary to instructions of reference and is considered necessary for purposes of uniformity at those activities of the Medical Department which are under the administrative control of the Bureau.—*Ross T McIntire*.

43-68—Red Cross Medical and Psychiatric Social Work Graduate Students

P11-1/HJ (042), 7 May 1943

To : All ships and stations.

Encl. : A. Copy of ltr of American National Red Cross, 13 Apr. 1943.

1. Enclosure A will be self-explanatory. The Bureau has approved the plan submitted thereby and the American Red Cross has been authorized to arrange individually with the commanding officer of each naval hospital which may be selected for this graduate student training as to the number of students to be so placed and the duties to which they are to be assigned.

2. The graduate nurses brought into this plan will be attached to the staff of the resident Red Cross field director, will be members of the Red Cross organization, and as such, will be considered as members of the hospital staff to the same extent and subject to the same limitations as other employees of the Red Cross.—*Ross T McIntire*.

Enclosure A

April 13, 1943.

The CHIEF OF THE BUREAU OF MEDICINE AND SURGERY,

Navy Department, Potomac Annex, Washington, D. C.

DEAR SIR: The American Red Cross has established a program of scholarships for the training of a selected group of medical social and psychiatric social work students in the accredited graduate schools of social work. Such training programs consist of alternate periods of class work and field work in hospitals social service departments under the supervision of properly qualified medical social or psychiatric social workers. Following the completion of the scholarship period, these students are expected to fulfill an employment agreement for 2 years' service in Red Cross hospital staffs. It is not anticipated that the entire group of such students will ever be large.

It is our hope that some of these students can be given this necessary field work training in selected naval hospitals, under the direction and supervision of the Red Cross field directors serving in those hospitals. The number of students assigned to any one hospital would be restricted in accordance with the size of the hospital and the time the field director, or her designated representative, would be able to give to supervision without interference with her regular duties. This matter has been discussed with Capt. Joseph J. Kaveney (M. C.) who considered it suitable for use

to request your approval of the plan. In the event your approval is given, it would be our expectation to consult fully with the commanding officer of each naval hospital where we might consider placing scholarship students for field work experience, and to make the placement only upon his specific approval.

The period of time involved in such a placement varies somewhat according to the individual school which the student attends, but in general it would amount to between 500 and 750 hours over a period of approximately 6 months' time. Usually students spend about 2½ days of the week in supervised field work, and attend classes in the school during the rest of the week. There are many such field work units in the social service departments of civilian hospitals throughout the country, and it is believed that the presence of these units stimulates the professional development of the social service departments which give the supervision. Therefore, it is our belief that the Red Cross social service staffs in naval hospitals would receive definite benefit from the experience of participating in the teaching program which we are now presenting for your consideration.

If there is any further information you would like to have concerning the training program, we shall be happy to furnish it.

We shall appreciate your consideration of our plan for assigning scholarship students in medical and psychiatric social work to field work placements in the Red Cross departments of selected naval hospitals.

Sincerely yours,

ELEANOR C. VINCENT,

Assistant National Director Military and Naval Welfare Service.

43-76—Industrial Incentive Work—Assignment of Convalescent Personnel Thereto

A3-2/L24(014-41); 19 May 1943

To: NavHosp (Continental).

Encls.: A. (HW) Copy of ltr of Chief of Incentive Division, Navy Department, 14 May 1943.

B. (HW) Copy of BuMed ltr. to Chief of Incentive Division, Navy Department, 19 May 1943.

1. As requested by paragraph 3 of enclosure A, and in accordance with enclosure B, commanding officers of naval hospitals are authorized to cooperate in every possible way with the district industrial incentive officer pursuant to the incentive plan proposed.

2. The utilization of personnel for this purpose should be only with the full consent of the individual concerned and after careful consideration of the possible effect of the plan on the individual in relation to his return to normal duties or pursuits. The granting of leave for this purpose will be subject to existing instructions or to such specific instructions as may be issued by the Bureau of Naval Personnel pursuant to reference of this letter to that Bureau.—*Ross T McIntire.*

Enclosure A

May 14, 1943.

From: Chief of the Incentive Division.**To:** Chief of the Bureau of Medicine and Surgery.**Subj.:** Industrial incentive work—assignment of convalescent personnel thereto**Ref.:** (a) SecNav ltr 19 May 1942 establishing the Incentive Division.

1. This division is charged with the stimulation of war production in plants producing for the Navy, as outlined in reference (a). It has been found through experience that one of the most effective methods of so stimulating production is through plant visits by officer and enlisted personnel who have had combat experience. It has been further learned from experience that men showing visible evidence of combat wounds are particularly effective.

2. In its conduct of such activities for plants producing for the Navy, this Division requires the services of approximately 30 men with combat experience each month. This allows assignment of 2 men to each of the 14 district incentive officers. At the end of that time these men will be returned to their respective stations and new men substituted in their place. It has been found that 30 days of this type of work is usually the most effective period for such personnel. In occasional instances some officers or men prove unusually capable at this type of work, in which case it may be desirable to extend their duty with the Incentive Division for an additional period of 30 days, making a total duty of 60 days in all.

3. It is requested that the Chief of the Bureau of Medicine and Surgery advise the medical officers in charge of the various naval hospitals within the continental limits of the United States that the assignment of convalescent personnel to industrial incentive work meets with his approval. It is further requested that he advise such officers to cooperate with the various district industrial incentive officers who shall apply to him for the services of such personnel in the manner described above.

4. It is suggested that such personnel be given leave with the understanding that they will work with the incentive officer during the period of such leave. This will enable the incentive division to handle all necessary expenses for the travel and subsistence of these men from the time they leave the hospital to which they are attached until they return to same from a fund established by the Secretary of the Navy for that purpose.

5. In all cases the utmost care would be taken to see that the physical welfare of these men is constantly considered and that they are not unduly exploited.

6. If this meets with the approval of the Chief of the Bureau of Medicine and Surgery, it is requested that this Division be advised and furnished with the addresses of the various naval hospitals and the names of the commanding officers so that the incentive officer for that district might be furnished with the necessary information.—*S. J. Singer* (by direction).

Enclosure B

A3-2/L24(014-41); 19 May 1943

From: The Chief of the Bureau of Medicine and Surgery.**To:** The Chief of the Incentive Division, Navy Department, 2118 Massachusetts Avenue NW, Washington, D. C.**RESTRICTED**

670767°-46—6

JULY 1939-JULY 1945

Subj.: Industrial Incentive Work—Assignment of Convalescent Personnel Thereto.

Ref.: (a) Your ltr. of May 14, 1943.

Encl.: 1. (HW) List of naval hospitals within continental United States.
(Available on request.)

1. Agreeably with the recommendation of reference, letters have been addressed to all naval hospitals within the continental United States enclosing copy of reference and authorizing complete cooperation with the various district industrial incentive officers.

2. Inasmuch as utilization of personnel and the granting of leave for this purpose are matters which concern the Bureau of Naval Personnel, a copy of reference and of this Bureau's letter addressed to commanding officers of naval hospitals is being transmitted to the Bureau of Naval Personnel for information and such further action as that Bureau may deem necessary.

3. It is suggested that the incentive officer for each naval district consult with the district medical officer as to the naval hospitals within the district and the names of the commanding officers, as with respect to these names, the district medical officer's information always will be current. However, a list of the naval hospitals arranged by districts with the names of the present commanding officers is enclosed.—*Ross T McIntire.*

43-77—"References for Naval Neuropsychiatric Services," Issue of
P3-1/P19-1(123-40); 20 May 1943

To : NavHosp.

Encl.: A. (HW) Copy of subject publication (available on request).

1. Attention is directed to the new addition of References for Naval Neuropsychiatric Services.

2. A review of the surveys forwarded to the Bureau of Medicine and Surgery indicates the need of having a pamphlet of this type to help clarify some of the difficult neuropsychiatric problems which arise.

3. It is therefore suggested that these references be carefully studied by all medical officers on neuropsychiatric service and the pamphlet retained on the service for ready reference.—*W. J. C. Agnew* (by direction).

43-81—Ship's Service Store

NH/JF(054-36); 21 May 1943

To : NavHosp.

1. In 1936 the Bureau issued instructions to all naval hospitals limiting the amount of cash which might be retained in the safe of the ship's service store for making change and for other business transactions. The original letter limited this amount to a sum of approximately \$200. Since then, by separate authorizations and on request, this sum of \$200 has been increased in a number of instances.

2. With the tremendous expansion of naval hospitals it is apparent that the fixing by the Bureau of an arbitrary amount of cash which may be retained in the safe of the ship's service store is no longer feasible.

3. In accordance with the above, it is directed that the commanding officer shall determine the amount of cash which the ship's service officer may retain for the transaction of business, this amount to be fixed in accordance with circumstances (such as the ready availability or nonavailability of a bank) and the business turn-over. In no instance, however, will the amount of cash which the ship's service officer is permitted to retain be more than the amount for which he is bonded.—*Ross T McIntire*.

43-83—Physical Examination for Active Duty in the Navy V-12 Program

P2-5/P14-4(044); 24 May 1943

To: NavHosp (continental).

NOPs—V-12 units.

- Refs.: (a) BuMed Ltr. P2-5/QR(003), 8 Aug. 1942.
(b) BuMed Ltr. P3-3/P3-1(054-40), 4 Jan. 1945.
(c) Manual, Medical Dept. Par. 21103.
(d) Manual, Medical Dept. Par. 2182.

1. All apprentice seamen, V-12 and V-12 (S), United States Naval Reserve, and enlisted men of the United States Marine Corps Reserve, who report for active duty in the Navy V-12 program as their first assignment to active duty, must receive a complete physical examination in compliance with paragraph (2) of reference (a) upon reporting. Should they be found physically qualified for active duty, the examiner will record all deviations from normal which are not described in sufficient detail on the descriptive sheet of the health record, on a medical history sheet over his signature or he shall state that no such deviations from normal were found. This entry shall be prepared in duplicate. The duplicate of this entry and the duplicate NavMed-H-2 (descriptive sheet) shall be forwarded to this Bureau for file. Report on NavMed-Y is not required in the cases of men found physically qualified for active duty.

2. Should a man be found not physically qualified for active duty NavMed-Y shall be completed in duplicate and forwarded to the Bureau of Naval Personnel, via the Bureau of Medicine and Surgery.

3. All men in the Navy V-12 program shall have roentgenographic examinations of the chest in accordance with reference (b) at the first place of duty accessible to X-ray facilities. It is desired that wherever practical, chest X-rays be conducted as a part of the examination for active duty. In cases in which this is not practicable, this examination should be conducted at the earliest opportunity. The 35 millimeter photofluoroscopic film or the reports of this examination shall be forwarded in accordance with reference (c).

4. All men in the Navy V-12 program shall receive serologic tests for syphilis in accordance with reference (d) either in connection with their examination for active duty or as soon thereafter as is practicable.

5. All men in the Navy V-12 program shall be examined by dental personnel and dental charts prepared either as part of the examination for active duty or as soon thereafter as is practicable.

6. It is the desire of this Bureau that all forms pertaining to each individual, prepared in accordance with the foregoing, be assembled and securely stapled together prior to forwarding to the Bureau in order that filing in the individual's medical record jacket in the Bureau may be accomplished in one operation. This includes any or all of the following:

(a) Duplicate NavMed-H-2 (descriptive sheet).
(b) Duplicate medical history sheet containing entry of deviations from normal not sufficiently described on the descriptive sheet.

(c) 35 millimeter photofluoroscopic film or report of X-ray of the chest.
(d) Duplicate dental chart NavMed-H-4.

7. Enlisted men who have been on active duty and who are transferred to the V-12 program for college training have previously been examined to determine their fitness for active duty and for transfer to the program. Results of X-ray examination of the chest, serological tests for syphilis, and dental charting, should be found in their health records and re-examination is not necessary upon reporting for duty in the V-12 program.—*Ross T McIntire.*

43-86—Non-transfer of Patients' Records to Hospitals Under Certain Conditions

L5-3/P3-5(054); 27 May 1943

To: NavHosp

Ref.: (a) Bureau of Naval Personnel Manual D-4007(7) (b).

1. Attention is invited to reference (a). The procedure provided therein for recruits may be used in the cases of patients received from training schools and similar activities adjacent to the hospital, provided permission is first obtained from the Bureau of Naval Personnel. It is considered desirable that this means for reducing clerical work be adopted whenever practical.

2. The request, citing reference, should be addressed to the Bureau of Naval Personnel, via the activity concerned, and the Bureau of Medicine and Surgery.—*L. Sheldon, Jr., acting.*

43-94—Convalescent Leave for Enlisted Patients in Naval Hospitals, Reporting of

P2-5/P16-3(092); 10 June 1943

To: NavHosp (continental).

Ref.: (a) BuPers Ltr. 630-RFT (1) P18-1, 26 Apr. 1943.
(b) BuMed Ltr. P2-5/P16-3(092), 27 May 1943.

1. All information required by this Bureau regarding patients granted convalescent leave and authority to report to another hospital under the provisions of reference (a) is contained in the NavMed-Fa card forwarded in accordance with reference (b). A copy of the transfer order need not be forwarded as directed in the last sentence of paragraph (4) of reference (a).—*Ross T McIntire.*

43-101—Oxygen Indoctrination Program, Administrative Matters, Pertaining to*A21/F49-1(112-38); 24 June 1943*

To : NavAirCens (Alameda, Norfolk, Pearl Harbor, San Diego, Seattle).
MarCorpsAirStas (Cherry Point, Quantico, Miramar).
NavAirTraCens (Corpus Christi, Pensacola).
NavMed Research Institute (Bethesda, Md.).
NavAirStas (Miami, Quonset Point, Grosse Isle, Vere Beach).
NavAirCraft Factory (Philadelphia).
AirOpTraCen (Jacksonville).
Experimental Receiving Unit, Navy Yard, Washington, D. C.
NavAir Test Center (Patuxent River).
NavAir Material Center (Philadelphia).

Encls.: (A) BuAer ltr. Aer-F-30-AB to BuMed, 8 Apr. 1943.
(B) BuMed ltr. A21/F49-1(112) to BuAer, 8 June 1943.

1. Enclosures (A) and (B) are forwarded for information.
2. Necessary directives to comply with enclosure (B) and standardized instructions are in the process of preparation.
3. A standard manual on altitude physiology and oxygen equipment for indoctrination of personnel is being prepared.
4. After receipt of this letter all pertinent correspondence, reports, and returns which were formerly addressed to the Medical Research section, Bureau of Aeronautics, will be addressed to the Chief of the Bureau of Medicine and Surgery.—*Ross T McIntire.*

Enclosure A*A21/F49-1(112).
JUNE 8, 1943.*

From : The Chief of the Bureau of Medicine and Surgery.

To : The Chief of the Bureau of Aeronautics.

Subj. : Cognizance and direction of oxygen indoctrination and classification program.

Ref. : ChBuAer ltr. Aer-F-30-AB, P11-1, F49-1, 8 Apr. 1943.

1. The receipt of reference (a) is acknowledged.
2. This Bureau wishes to acknowledge the extensive efforts of the Medical Research section, Bureau of Aeronautics, in developing altitude and the use of oxygen equipment. This program, which has been carried forward under the joint supervision of the Bureau of Aeronautics and the Bureau of Medicine and Surgery, has been of value in the maintenance of physical well-being and efficiency in the personnel operating aircraft at high altitudes.
3. The Bureau of Medicine and Surgery is prepared to assume administrative cognizance of this program for instructing flying personnel in the physiological effects of altitude and training them in the use of oxygen equipment. To this end, a low pressure chamber and oxygen section has been established in this Bureau.
4. This Bureau further agrees to assume responsibility for the issuance of such instructions, information, and directives as may become necessary

in the further development and administration of this indoctrinal training program.

L. SHELDON, Jr., Acting.

Enclosure B

NAVY DEPARTMENT,
BUREAU OF AERONAUTICS,
Washington, April 8, 1943.

No. Aer-F-30-AB

P11-1

F49-1

From: The Chief of the Bureau of Aeronautics.

To: The Chief of the Bureau of Medicine and Surgery.

Subj.: Cognizance and direction of program for indoctrination of flying personnel in the physiological effects of altitude and use of oxygen equipment, recommendations concerning.

Refs.:

- (a) Bu Aer directive Aer-F-30-RMC, F49-1(2), 051288, dated 28 Apr. 1942.
- (b) BuAer directive Aer-F-30-EOL, F49-1(2) P11-1(10), dated 15 Dec. 1942.

Encls.:

- (A) Planning Directive 6-A-43, Aer-PL-532-GDW, U11-1/NM29-11, F49-1(2) 28845, dated 27 Feb. 1943.
- (B) Commandant Jax ltr. NA29/P11-1/00,75—my, dated Jan. 4, 1943, with NAOT forwarding endorsement NM29-11/OTT-1/ or /P11-1(5), 0656, dated 14 Jan. 1943.

1. Under the joint supervision of the Bureau of Aeronautics and the Bureau of Medicine and Surgery, a program for training flying personnel in the physiological effects of altitude and in the use of oxygen equipment has been developed by the medical research section of this Bureau. This course of training comprises lectures on physics of the atmosphere, physiology of respiration and function, use and maintenance of oxygen-breathing equipment. Demonstrations are given within low-pressure chambers wherein total effects of lowered barometric pressure are demonstrated.

2. The program is now being carried out at 12 Naval Air Stations. Medical officers, physiologists, and technicians at these stations carry out a prescribed syllabus of training. To further implement existing facilities, most of these stations are being equipped with large chambers in which both barometric pressure and temperatures characteristic of different altitudes can be duplicated. The program has now progressed from the date of experimental and developmental procedures to acceptance as a valuable and necessary part of course of training of all flying personnel.

3. During the development of this training program, its administration has been largely under the cognizance of the head of the Medical Research sec-

tion, flight division of this Bureau, and the specialized training of medical officers, H(S) officers (physiologists) and pharmacists (mates technicians) in sufficient number to expand the training to cover a number of air stations over a wide geographical area has been accomplished under direction of the Division of Aviation Medicine of the Bureau of Medicine and Surgery.

4. To ensure the continuance and orderly development of this training program, the increased numbers of medical department personnel necessary for such continuance, and the promulgation of instructions to officers in charge of these units, it is recommended that the Bureau of Medicine and Surgery now assume the continued administrative cognizance of medical department personnel carrying on this training as a responsibility of its Division of Aviation Medicine, in order that the Medical Research section of this Bureau may be relieved of the administrative burden of a program which has passed beyond the experimental state of development into an accepted administrative function involving considerable numbers of medical department personnel. This Bureau will continue its interest in, and administration of such phases of the program as lie within the defined cognizance of training division and engineering branch, and use of chambers for special tests of equipment.

5. It is further requested that the Bureau of Medicine and Surgery assume the responsibility for the issuance of such instructions, information, and directives to these groups as may become necessary for the accomplishment of this indoctrinal training program.

L. A. POPE,
Captain, U. S. N.,
By Direction Chief of Bureau.

43-102—Radar, No Evidence of Injury to Personnel; Discontinuation of "Dental Film—Paper Fastener Test"

Restricted: P3-3/P3-1(081); 25 Jun. 1943

To: All ships and stations.

Refs.: (a) BuMed Ltr. P3-3/P3-1(081), 5 Aug. 1942.
(b) BuMed Ltr. P3-3/P3-1(081), 24 Nov. 1942.

1. In reference (a), the Bureau of Medicine and Surgery called attention to the fact that X-rays of the "soft" type are emitted by radar equipment, and requested that radar personnel be examined periodically for evidence of X-ray effects and that a "dental film—paper fastener test" be used to determine roughly the degree of exposure.

2. During the 3 months following the distribution of this letter, more than 2,000 dental films, exposed as directed, were received. None of these revealed an exposure which definitely could be diagnosed as injurious.

3. In reference (b), the Bureau modified its instructions, allowing the development of dental film tests at the nearest naval activity with the provision that positive films be reported. The reports received so far have not contained any films indicating an exposure which could be considered dangerous in any degree to the subjects of these tests.

4. Some medical officers in special reports have called attention to clinical conditions in radar personnel which possibly could be due to X-rays. Upon investigation, none of these suspicions have been verified. A study of the personnel has recently been concluded at the radio material school where radar operators and repair men are trained. The findings of these studies were entirely negative for clinical and laboratory evidence of injurious effects.

5. These data seem to indicate that there is practically no danger of X-ray effects on radar personnel provided the equipment is shielded and operated as directed. The routine use of the "dental film—paper fastener test" may therefore be discontinued.—*Ross T McIntire.*

43-106—Rejections for Enlistment in Class V-10, W-V(S), United States Naval Reserve

A18-1/EN(122-41); 3 Jul. 1943

To: ONOP and Br. ONOP.

Attn.: SMOs.

Ref.: (a) Procurement Directive 6-43.

(b) Manual of the Medical Department, Paragraph 2197.1.

1. The Bureau is informed that there is an urgent need for enlisted personnel in Class V-10, W-V (S), United States Naval Reserve, and that apparently desirable applicants are being rejected because of over or under weight and because of dental defects.

2. Medical examiners should evaluate the height-weight relationship of applicants in the light of their general body build. In arriving at a decision as to acceptability in cases in which there is departure from the proportions listed as a guide in reference (b) they should take into consideration whether the disproportion is an indication of underlying disease which might be of significance were she accepted and whether the disproportion of itself is unacceptable from the standpoint of appearance or because it is considered likely to interfere with the applicant's performance of duty.

3. It is the desire of the Bureau that in interpreting the dental requirements examiners evaluate the applicant's dental condition in relation to her state of nutrition and general bodily health. Malocclusion which is not disfiguring or which is of such a degree as to be unlikely to interfere with satisfactory biting and masticatory function or unlikely to predispose to dental disability during the applicant's expected period of service should not be a cause for rejection. Dental defects in general should not be a cause for rejection of applicants in whom they have apparently not interfered with efficient biting and mastication or are not unsightly, or are considered not likely to necessitate extensive dental treatment subsequent to acceptance.—*Ross T McIntire.*

43-110—American Red Cross Psychiatric Social Service

P8-2/A16-1(064-39); 5 Jul. 1943

To: NavHosp (Continental).
NavTraCens, NavConsTraCens.
MarCorps Base (San Diego, Calif.).
MarBaks (Paris Island, S. C.).

1. In view of the heavy demands for social histories being made upon the facilities of the American Red Cross psychiatric social service by medical officers, this service is being taxed to capacity. This organization has cooperated to the fullest extent with the neuropsychiatric services of naval training stations and naval hospitals in the assembling of pertinent information which is utilized in evaluating the mental symptoms of the patient in question.
2. In an effort to increase the efficiency of this valued service, it is recommended that medical officers, requesting the services of a Red Cross worker, first determine the scope and kind of information necessary for each particular case. The Red Cross psychiatric worker should then be furnished with an outline, listing plainly the information desired.
3. In order to expedite the study of patients, all requests to the Red Cross representative for histories and confirmation should be made as early as possible, and greater care in the preparation of such inquiries will reduce to a minimum histories redundant with irrelevant material.
4. These recommendations should in no way be construed to place restrictions upon the use of this service, but rather should increase its efficiency by the elimination of unnecessary data which takes time to secure and to report.—Ross T McIntire.

43-111—Procurement of Narcotic Drugs by Navy V-12 Medical Units

QR/P14-2(014-41); 10 Jul. 1943

To: NDs (Continental).

Ref.: (a) Articles 92 and 94, regulations No. 5, Bureau of Narcotics, United States Treasury Department.
(b) Pars. 12B22 and 12B20, Manual of the Medical Department.

1. In lieu of putting into effect the provisions of reference (a), medical officers attached to V-12 medical units that are maintained by schools in accordance with contractual terms, but unable to procure narcotics through the schools because of restrictions imposed by the regulations governing the sale and possession of such drugs, may requisition narcotic drugs from naval medical supply depots by submittal of a letter request via this Bureau.
2. Navy V-12 medical units being maintained by issues of stores from medical supply depots will continue to submit requisitions for required items in accordance with previously established procedure.
3. Medical officers concerned should be referred to instructions set forth in reference (b) relative to custody and issuance of narcotic preparations delivered into their charge.—Ross T McIntire.

43-114—Gas Casualties—Prevention and Treatment*F34-5(052-37), 24 Jul. 1943*

To: All ships and stations

Ref.: (a) BuMed ltr. F34-5(052-37), 21 May 1943.

(b) BuMed 1st endorsement JJ57/KK(062), 18 June 1943, on USMC ltr. 215-4 QM 22144, 14 June 1943.

1. Paragraph 3 of reference (a) recommends that "Each person who may be subjected to a vesicant gas attack should carry one tube of S-330 Ointment and one tube of BAL Ointment with his gas mask for use in prevention of decontamination procedures." In order that these highly essential ointments may be available for issue concurrently with the issue of gas masks, it is directed that medical officers in areas which may be subjected to gas attacks take necessary steps to obtain—

S1-3375 Ointment, Protective S-330, 3 ounce tube.

S1-3361 Ointment, BAL $\frac{1}{2}$ ounce tube.

These items are being made available at all naval medical supply depots and all extra-continental naval medical supply storehouses as rapidly as manufacture permits. Reference (b) directs that certain Marine Corps depots be supplied with S-330 Ointment. BAL Ointment is also being similarly supplied, tube for tube. These items are ostensibly outfit allowances for activated Marine Corps units. However, medical officers of these units should assure themselves that the personnel thereof is appropriately supplied.

2. The Bureau of Ships has advised this Bureau that space will be made available for these items in future gas-mask bag specifications.—*L. Sheldon, Jr.*

JOINT LETTER: BUMED-BUPERS.**43-117—Transfer of Navy Patients to Veterans' Administration Facilities***P3-2/HE(021); 27 Jul. 1943*

To: NDs and NavHosp (Continental)

Refs.: (a) Paragraphs 16B36, 3319.8, 3325.3 (b), 3330, M. M. D.

(b) BuMed ltr. P3-5/P19/1(034), 27 Apr. 1943.

Encl.: (A) Sample Form ltr.

1. The following instructions relating to the transfer of patients to Veterans' Administration facilities before they have been discharged from the Naval service will become effective upon receipt of this letter.

2. Patients who have been found to be permanently unfit for the service by a board of medical survey and who are in need of further hospitalization or institutional care shall be transferred to a Veterans' Administration facility *prior to discharge*, provided:

(a) They are eligible for care and treatment by the Veterans' Administration. (See par. 3.)

(b) They desire to be so transferred. (See par. 6.)

(c) The transfer will not endanger the patient's life or recovery.

(d) The report of medical survey has been approved by the Bureau of Medicine and Surgery, and the patient's discharge directed by the Bureau of Naval Personnel.

3. In accordance with the provisions of the act 17 March 1943 (Public Law 10, 78th Cong.), any person who served in the active military or naval service of the United States on or after 7 December 1941, and before the termination of hostilities in the present war, as determined by proclamation of the President or by concurrent resolution of the Congress, will attain at discharge the status of a "war veteran," and will be potentially entitled to hospitalization as a beneficiary of the Veterans' Administration provided such person was not dishonorably discharged, the need for hospital treatment is shown, and a bed is available for his reception. The provisions of this act also include members of the Women's Reserve of the Navy, Marine Corps and Coast Guard.

4. In cases meeting the qualifications listed in paragraph 2, the board of medical survey shall recommend that the patient be transferred to a Veterans' Administration facility prior to discharge from the service. The report of the board of medical survey shall be accompanied by a request for designation of a facility (see enclosure A), and the commanding officer of the naval hospital concerned will be advised by the Medical Director of the Veterans' Administration direct, of the facility designated to receive the patient. Approval of the report of medical survey by the Bureau of Naval Personnel will constitute sufficient authority for the local commandant to issue necessary travel orders for the patient and such attendants as may be necessary.

5. Patients transferred to Veterans' Administration facilities shall be accompanied by the following records, as directed in paragraph 3 of reference (b) :

(a) Completed application for hospital treatment or domiciliary care. (V. A. Form P-10).

(b) Completed application for Pension. (V. A. Form 526); or a statement showing that the patient does not desire to submit an application for a pension.

(c) A typewritten or photostatic copy of the descriptive sheet in his health record. (NavMed H-2).

(d) A typewritten (carbon) copy of his medical record.

(e) A copy of the report of the Board of Medical Survey. (NavMed M).

(f) A statement showing the type of discharge issued, whether honorable or otherwise.

6. Veterans' Administration Form P-10 shall be signed by the applicant (except as hereinafter provided), regardless of the line of duty status of the disability, and shall be witnessed by an officer or civilian authorized to administer oaths. Neuropsychiatric patients who are considered to be mentally competent may sign Form P-10. If the applicant be mentally incompetent, Form P-10 shall be executed for him except the answers to questions 5, 8, 9, 10, and 12; and the Form P-10 shall then be sent to the nearest relative, with instructions to complete it, sign it before a notary public or other person authorized to administer oaths, and return it to the hospital. If the applicant has no relatives, a Form P-10 may be executed for him by a friend, by the commanding officer of the hospital where he is under treatment, or by any

other person that the commanding officer may designate. An applicant whose discharge is to be for disability not in line of duty, is not entitled to hospital treatment by the Veterans' Administration unless he makes affidavit on Form P-10 regarding his financial inability to defray the expense of hospital treatment; but if the discharge is for disability incurred or aggravated in line of duty, it is not essential that questions 8 and 9 of Form P-10 be answered. The words "to and," after the word "transportation" in question 10 shall be deleted.

7. The service records, health records, and pay accounts of patients transferred to Veterans' Administration facilities prior to discharge from the service shall be retained at the naval hospitals and shall be closed out and forwarded to the respective Bureaus concerned, after the patient's discharge has been effected. The patient's discharge shall become effective upon his delivery at the designated Veterans' Administration facility. Orders issued to the medical officer or senior hospital corpsman accompanying the patient shall include instructions for him to notify the hospital by dispatch or by such other means as may be deemed expedient of the patient's arrival and delivery to the Veterans' Administration facility. The patient's discharge certificate and check for pay and allowances due him, including 5 cents a mile to place of acceptance, or, in the case of a Naval Reserve, to the place from which ordered to active duty, shall be mailed to him in care of the manager of the facility to which he has been transferred. The place of discharge, for all purposes, shall be the location of the Veterans' Administration facility to which a patient is transferred.

8. Patients, who at the time of discharge, do not require further medical attention, hospitalization or institutional care, and those who do not desire to be transferred to Veterans' Administration facilities, will continue to be handled as heretofore. If they desire to submit applications for pensions, the records listed in paragraph 1 of reference (b) should be prepared immediately and forwarded to the nearest Veterans' Administration regional office or facility having regional office activities. A list of these offices and activities was enclosed with reference (b).

9. The purpose of this change of procedure is to provide for and expedite the transfer to Veterans' Administration facilities as near their homes as possible of patients who have been found by boards of medical survey to be permanently unfit for the naval service by reason of physical (or mental) disabilities, and who are in need of further hospitalization or institutional care.

10. In general, this same policy shall be applied to Marine Corps patients, but due to certain differences in administrative detail concerning the handling of the records and accounts of Marines when they are transferred or discharged, a separate letter of instructions relating to this subject will be issued by the Commandant of the Marine Corps.—*Ross T McIntire—Randall Jacobs.*

Enclosure A

FORM LETTER

From: The Medical Officer in Command, United States Naval Hospital.

To: The Medical Director, Veterans' Administration, Washington, D. C.

Via: The Chief of the Bureau of Medicine and Surgery.

Subj.: Transfer of Naval Patient to the Veterans' Administration; request for designation of facility.

Ref.: (a) BuMed & BuPers joint ltr., 27 Jul. 1943, (File P3-2/HE(021).

1. A board of medical survey has recommended that the following named man be transferred to a Veterans' Administration facility and then discharged from the naval service by reason of physical disability, in accordance with the instructions in reference. It is requested that a facility be designated to receive him.

Name _____	Rate _____
Place of birth _____	Date _____ Race _____
Disability _____	Line of duty: (Yes) (No)* (Honorable) (Ordinary)*
Type of proposed discharge _____	Relationship _____
Home address _____	
Name of nearest relative _____	
Address of nearest relative _____	

*Line out words not applicable.

2. The following records will accompany this patient to the designated facility:

- (a) Completed application for hospital treatment or domiciliary care. (V. A. Form P-10.)
- (b) Completed application for Pension. (V. A. Form 526); or a statement showing that the patient does not desire to submit an application for a pension.
- (c) A typewritten or photostatic copy of the descriptive sheet in his health record. (NavMed H-2.)
- (d) A typewritten (carbon) copy of his medical record.
- (e) A copy of the report of the Board of Medical Survey. (NavMed M.)
- (f) A statement showing the type of discharge issued, whether honorable or otherwise.

(Signature)

43-118—Conservation of Manpower—Police and Fire Protection

LL/P14-2 (093-40); 28 Jul. 1943

To: NavHospitals and NMDSs.

- Refs.: (a) AlStaCon 311700 of 31 Mar. 43.
 (b) AlStaCon 111000 of 11 May 43.
 (c) Vice CNO ltr. OP30Sa-1h, (SC)P16-1/LL, Ser. O152730 of 19 Jul. 43.

1. The existence of an acute shortage of manpower is well recognized. Communications from the Assistant Secretary of the Navy, the Vice Chief of Naval Operations, the Commandant, United States Marine Corps, the Chief of Naval Personnel, the War Manpower Commission, and other authorities have stressed that fact.

2. AlStaCon 311700 of 31 Mar. 1943, was a positive step in the conservation of manpower since it limited the number of group IV (b) employees. AlStaCon 111000 stated: "Additional employees over and above the number on March 31 (1943) in pay status as defined above, must be specifically au-

thorized by the Department." Thus, the Navy Department is endeavoring to cooperate fully in the program for conservation of manpower.

3. Security is of prime importance to naval hospitals and supply depots. There must be adequate protection against damage from sabotage, accidental fires, or other casualties. The necessity for a proper guard force and fire fighting organization is not minimized when the Bureau urges that careful consideration be given to the recommendations in the following paragraphs.

4. Most hospitals and supply depots are in areas which are policed by one or more forces—federal, state, or municipal. All members of the civilian staff, with proper instruction, as well as military personnel, are available for the detection of possible acts of sabotage, fires, and other sources of damage. It is believed, therefore, that the services of a large number of guards (watchmen) is unwarranted. In most instances a small staff of trained guards, supplemented by a security watch of military personnel will afford the necessary protection. In the Bureau, itself, officers and men stand such a security watch in addition to their regular duties.

5. Aboard ship fire-fighting is an operation for all hands and the same condition should exist in naval shore establishments. It is the opinion of the Bureau that a small group of fire-fighting experts should be maintained to instruct the other civilian employees and the enlisted personnel and to direct the efforts of those men in fighting fires. Frequent fire drills during day and night will perfect the performance of the crew of enlisted men and civilians. Naval stations are directed by Navy Regulations to arrange with neighboring municipal fire departments for auxiliary aid if the station organization is not sufficient to control a fire and it is presumed that other naval activities may make comparable arrangements. In the interest of conservation of manpower, it is obviously unreasonable to hold in reserve a relatively large body of able-bodied men solely for the purpose of combatting fires.

6. Before any naval hospital or supply depot requests additional civilian guards or firefighters, it is directed that reference (c) be consulted and that the request be made to comply strictly with paragraph (2) of that directive.—*L. Sheldon, Jr., acting.*

43-122—Change in Correspondence and File Practice

A6-5/EN(051); 2 Aug. 1943

To: NavHosp; NMDSs; NNMC, Bethesda, Md.; NavDisp.

Ref.: (a) SecNav ltr Opl3C-jc(hjm) Serial 85813, 27 Apr. 1943 (NavDept. Bul, Vol. II, No. 9, 1 May 1943).
(b) BuMed ltr A6-5/EN(051), 6 May 1943. .

1. Paragraph 1 of reference (b) directed that, until specific directions were issued by BuMed, no change be made in the control of official correspondence and that such official correspondence should be over the signature of the commanding officer, the officer acting for him or "By Direction," responsive to his specific instruction.

2. The above directive is continued in effect.

3. The following definition of official correspondence has been adopted by BuMed, and will govern addresses in the application of paragraph 24 of reference (a) as follows:

(1) All communications routed through normal prescribed administrative channels or channels of command shall be regarded as official. Such channels are those established by Navy Regulations for correspondence requiring (a) the signature of the chief of a bureau or office or the commanding officer of a ship or shore activity, (b) the signature of the individual "acting" in the absence of such chief of bureau, commanding officer, etc., (c) signature "By direction," or (d) as to incoming correspondence, the signature of a division or office or other shore activity as authorized by reference (b).

(2) Official channels shall be used in forwarding communications in relation to the initiation of new policies and regulations, changes in existing policies and regulations, matters requiring decision or action affecting an activity or command as a whole, or actions which concern the naval career or welfare of an individual. However, communications constituting official action, relating to administrative and professional matters which are routine insofar as commands outside of the Medical Department are concerned, may be addressed to the cognizant activity, i. e., MedOff, NavGun, Washington, D. C.; commanding officer, NavHosp, Mare Island, Calif.

(3) Communications other than those above, routine or preliminary in nature, between subordinate officers are permissible, but all such correspondence shall be regarded as UNOFFICIAL. This method of direct communication is for use when it is obvious that such procedure will result in expediting action without loss of efficiency, but with the understanding that all such correspondence will be regarded as unofficial.

4. At present no further instructions will be issued with respect to paragraphs 40-43 inclusive, of reference (a) except that commanding officers should issue appropriate local instructions to assure uniformity of action within command with particular reference to paragraph 43. Under paragraphs 41 and 42 disposal schedules may be prepared and submitted to the Bureau for approval.

5. The above instructions are supplementary to reference (a).—
L. Sheldon, Jr.

43-124—Collection of Mosquito Specimens

P2-3/P3-1(081); 3 Aug. 1943

To: All ships and stations.

Encl.: A. (HW) directions for collecting, packing, and shipping, mosquitoes.

1. It is requested that entomologists and malariologists collect and send to the Naval Medical School, Bethesda, Maryland, mosquito larvae and adults, in accordance with enclosure A.

2. The National Museum, which will identify the specimens, and the naval medical school appreciate this opportunity of building up a complete worldwide collection. The collection will be of tremendous value not only for use in identification of unknown material but also in the preparation of keys, descriptions, manuals, teaching material, etc. The importance of having available a complete collection as an aid for identification, especially in insular regions, cannot be overemphasized.

3. All specimens should be addressed as follows:

Medical Officer in Command,
National Naval Medical Center,
Naval Medical School,
Bethesda 14, Maryland.

Attention: Dr. Alan Stone, National Museum.—*L. Sheldon, Jr.*

Enclosure (A)

DIRECTIONS FOR COLLECTING, PACKING, AND SHIPPING
MOSQUITOES

(a) *Specimens requested.*—A series of specimens, if possible, of at least 10 males, 10 females, and 10 larvae, representing each species to be found in the collector's area, is desirable. Frequently this is not possible. In such cases an incomplete collection is better than none at all. The condition of the specimens is of particular importance as they will be used for the purpose of study and illustration. The identification of the species by the collector is not necessary. Upon receipt of the material, a list of the specimens with their identification will be forwarded to the collector as an acknowledgment.

(b) *Directions for packing and shipping.*

(1) *Larvae.*—Mosquito larvae may be killed by any means so long as they do not become distorted in shape or discolored. A convenient method is to drop them in hot water (not boiling) for 15 or 20 seconds. They should be preserved and shipped in 70 percent alcohol. In transferring larvae from water it is best to first place them in 50 percent alcohol for about an hour, then into the 70 percent. To avoid injury in transit by movement of any air bubble in the container, place the larvae in a smaller vial or shell vial filled with alcohol and plugged with cotton, then place this in larger vial with alcohol. A small air bubble should be present in larger container to allow for expansion. Any number of larvae may be placed in the small vial so long as the specimens do not become crushed.

(2) *Adults.*—Mosquito adults when dry are exceedingly delicate. Specimens are best packed while fresh and placed in pill boxes between layers of celu-cotton or cleansing tissue. Plain cotton is unsatisfactory because of injury to specimens when removed. Lense paper is too hard. Ten or more specimens may be packed in a pill box. They should have sufficient packing to prevent any movement, but not so much that they become crushed or rubbed. If any naphthalene is placed in the box, care must be taken that it is in very fine flakes and that it will not move about and come in contact with specimens.

(3) *Labeling and shipping.*—Full data for each lot of specimens should be recorded and enclosed with each pill box or in each vial. If it is necessary to send data separately each box and vial should be numbered. The corresponding number should be placed with the collecting data. Data should include date, locality, elevation, habitat, and name of collector. Additional notes on habits, abundance, and distribution are desirable.

All specimens should be sent to the Naval Medical School, Bethesda, Maryland, attention: Dr. Alan Stone, National Museum.

43-127—Predental Students in the Navy V-12 Program Under Instruction in Naval Hospitals*P11-1/SS(042); 5 Aug. 1943***To:** NavHosp (Continental).**Ref.:** (a) BuMed ltr. QR/P14-2 (014-41), 23 Jun. 1943.

1. In reference (a) the Bureau outlined a plan wherein premedical and predental students in the Navy V-12 program, having completed pre-professional training, were to be assigned to naval hospitals for duty under instruction pending further assignment to professional schools. It was indicated therein that instruction of these students should be devoted insofar as practicable to the fields of laboratory medicine.

2. In modification of this instructional procedure, it is desired that predental students assigned to hospitals in accordance with this plan be detailed to duty under instruction with the dental department of the hospital, rather than to departments concerned with instruction of premedical students.—

L. Sheldon, Jr.

43-128—Pharmacist's Mates for Submarine Training*P11-1/SS(042); 5 Aug. 1943***To:** All ships and stations**Ref.:** (a) Art. E-5405, BuPers Manual.

(b) Par. 21133, Manual of the Medical Department.

1. The Bureau notes with concern the increasing number of hospital corps men who have requested, and have been recommended by commanding officers for, training and assignment to submarines for duty, who are disqualified for this type of duty, who are disqualified for training in subject specialty upon arrival at the Submarine Base, New London, Conn., either by reason of physical defects or lack of basic qualifications for this type of duty. In order to reduce the number of disqualifications to a minimum, all activities are requested to comply with the provisions of references (a) and (b) with particular emphasis on physical and basic qualifications for duty independent of medical officer factors.

2. In order to meet the increasing demand of the service for hospital corps men qualified for submarine training, this Bureau desires requests from hospital corps men who are considered by their commanding officers to be good material and to meet all physical requirements as stipulated in reference (b).

3. A school for pharmacist's mates entering the submarine service has been established at the Submarine Base, New London, Conn. The length of the course of instruction in this school is 6 weeks and the curriculum has been designed to give hospital corps men intensive training in subjects which will be of maximum benefit in adjustment to the responsibilities of duty independent of a medical officer in the submarine service. Hospital corps men who successfully complete training in the above school are enrolled in the submarine school, New London, Conn., for the final phase of training in submarine duties.—*L. Sheldon, Jr.*

RESTRICTED

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JULY 1939-JULY 1945

43-131—Group IV (b) Employees, and Group I, II, and III, of the Labor, Helper, and Mechanical Service, Group IV (a) of the Supervisory Mechanical Service, and Commissary, and the Laundry Service—Reports of Charges by Appropriations for Budget Purposes

L1/L1-2 (093); 10 Aug. 1943

To : NavStas and MarCorps activities (having subject employees).

1. This Bureau requires information to support appropriational estimates and for the purpose of administering the limitation upon the numbers of group IV (b) personnel employed; also to provide specific data to determine definitely the amount of funds available for expenditure for other employees. It is requested therefore, that beginning with the fiscal year 1944, all activities having employees paid from the appropriation "1741102, Medical Department, Navy, 1944," forward to this Bureau as soon as possible after preparation, and until further notice, a copy or transcript of that portion of each payroll which contains the name of such employees.

2. Copies of payrolls, or transcripts of the applicable portion, covering the month of July 1943, should be forwarded immediately upon receipt of this letter. Subsequent copies or transcripts should be forwarded immediately after the close of the period covered by the payroll. Stations outside of the continental limits shall forward such copies or transcripts by airmail. Letters of transmittal are not required.

3. It is imperative that these data (payrolls or transcripts) reach this Bureau promptly from each activity concerned because appropriations and allotted funds must be supported by such documents.

4. Copies of fanfolds (Form NSO 175) have not been reaching the Bureau in many instances and cognizant offices are requested to forward this Bureau promptly and without fail, a copy of each fanfold covering the appointment, or other status change of a Medical Department employee paid from the appropriation "1741102, Medical Department, Navy, 1944."—*L. Sheldon, Jr.*

43-134—Men To Be Released for Sea Duty by V-10 Enlisted Women, Report of P16-1/EN (101); 16 Aug. 1943

To : NavHospitals (Continental)

Ref. : (a) BuPers ltr. Pers-6301-vfj, P16-3/MM, 4 Feb. 1943.

1. BuPers has authorized this Bureau to nominate to BuPers an equivalent number of enlisted hospital corpsmen for transfer to sea duty within fifteen (15) days after the reporting of enlisted WAVES (Hospital Corps, V-10) upon initial assignment.

2. In view of the above, the report requested in reference (a) will no longer be required.—By direction of the Chief,—*W. J. C. Agnew.*

JOINT LETTER : BuMed-MarCorps

43-136—Transfer of Marine Corps Patients to Veterans' Administration Facility

P3-2/HE (021); 19 Aug. 1943

To : NavHospitals and MarCorps Activities

- Refs.: (a) Pars. 16B36, 3319.8, 3325.3(b), 3330, Manual of Medical Department.
(b) BuMed ltr. P3-5/P19-1(034), 27 Apr. 1943.

Encl.: (A) Form of request for designating a Veterans' Administration facility.

1. The following instructions relating to the transfer of patients to Veterans' Administration facilities before they have been discharged from the naval service will become effective upon receipt of this letter.

2. Patients who have been found to be permanently unfit for the service by a board of medical survey and who are in need of further hospitalization or institutional care shall be transferred to a Veterans' Administration facility *prior to discharge*, provided:

(a) They are eligible for care and treatment by the Veterans' Administration. (See par. 8.)

(b) They desire to be so transferred. (See par. 6.)

(c) The transfer will not endanger the patient's life or recovery.

(d) The report of medical survey has been approved by the Bureau of Medicine and Surgery, and the patient's discharge directed by the Commandant, United States Marine Corps.

3. In accordance with the provisions of the act of 17 March 1943, (Public Law 10, 78th Cong.), any person who served in the active military or naval service of the United States on or after 7 December 1941, and before the termination of hostilities in the present war, as determined by proclamation of the President or by concurrent resolution of the Congress, will attain at discharge the status of a "war veteran," and will be potentially entitled to hospitalization as a beneficiary of the Veterans' Administration provided such person was honorably discharged, the need for hospital treatment is shown, and a bed is available for his reception. The provisions of this act also include members of the women's reserve of the Navy, Marine Corps, and Coast Guard.

4. In cases meeting the qualifications listed in paragraph 2, the board of medical survey shall recommend that the patient be transferred to a Veterans' Administration facility prior to discharge from the service. The report of the board of medical survey shall be accompanied by a request for the designation of a facility (see enclosed form), and the commanding officer of the Naval Hospital concerned will be advised by the medical director of the Veterans' Administration direct, of the facility designated to receive the patient. Approval of the report of medical survey by the Commandant, United States Marine Corps will include authority for the commanding officer of the Marine Corps unit, to which the patient is attached, to issue the necessary travel orders to the Veterans' Administration facility.

5. Patients transferred to Veterans' Administration facilities shall be accompanied by the following records, as directed in paragraph 3 of reference (b):

(a) Completed application for hospital treatment or domiciliary care. (V. A. Form P-10).

(b) Completed application for pension (V. A. Form 526) or a statement showing that the patient does not desire to submit an application for a pension.

(c) A typewritten or photostatic copy of the descriptive sheet in his health record. (NavMed-H-2).

(d) A typewritten (carbon) copy of his medical record.

- (e) A copy of the report of the Board of Medical Survey. (NavMed-M.)
(f) A copy of orders for discharge showing type of discharge whether honorable or otherwise.

6. Veterans' Administration Form P-10 shall be signed by the applicant (except as hereinafter provided), regardless of the line of duty status of the disability, and shall be witnessed by an officer or civilian authorized to administer oaths. Neuropsychiatric patients who are considered to be mentally competent may sign Form P-10. If the applicant be mentally incompetent, Form P-10 shall be executed for him except the answers to questions 5, 8, 9, 10, and 12; and the Form P-10 shall then be sent to the nearest relative, with instructions to complete it, sign it before a notary public or other person authorized to administer oaths, and return it to the hospital. If the applicant has no relatives, a Form P-10 may be executed for him by a friend, by the commanding officer of the hospital where he is under treatment, or by any other person that the commanding officer may designate. An applicant whose discharge is to be for disability not in line of duty, is not entitled to hospital treatment by the Veterans' Administration unless he makes affidavit on Form P-10 regarding his financial inability to defray the expense of hospital treatment; but if the discharge is for disability incurred or aggravated in line of duty, it is not essential that questions 8 and 9 of Form P-10 be answered. The words "to and," after the word "transportation" in question 10 shall be deleted.

7. The service records, and pay accounts of patients transferred to Veterans' Administration facilities prior to discharge from the service shall be retained by the organization carrying the patient on its rolls and shall be closed out and forwarded to headquarters, United States Marine Corps, after the patient's discharge has been effected. The health records of patients concerned will be retained at the hospital, and closed out and forwarded to the Bureau of Medicine and Surgery after the patient has been discharged. The patient's discharge shall become effective upon his delivery to the Veterans' Administration facility. Orders issued to the medical officer or senior hospital corpsman accompanying the patient shall include instructions for him to notify the hospital and the organization carrying the patient on its rolls, by despatch or by other means as may be deemed expedient, of the patient's arrival and delivery to the Veterans' Administration facility. The patient's discharge certificate and final settlement of accounts, including travel allowances from the Veterans' Administration facility where discharge is effected to place of acceptance, or, in the case of a Marine Corps reservist, to the place from which ordered to active duty, shall be mailed to him in care of the manager of the facility to which he has been transferred. The place of discharge, for all purposes, shall be the location of the Veterans' Administration facility to which a patient is transferred.

8. Patients, who at the time of discharge will not require further medical attention, hospitalization or institutional care, and those who do not desire to be transferred to Veterans' Administration facilities, will continue to be handled as heretofore. If they desire to submit applications for pensions, the records listed in paragraph 1 of reference (b) should be prepared immediately and forwarded to the nearest Veterans' Administration regional office or facility having regional office activities. A list of these offices and activities was enclosed with reference (b).

9. The purpose of this change of procedure is to provide for and expedite

the transfer to Veterans' Administration facilities as near their homes as possible of patients who have been found by boards of medical survey to be permanently unfit for the naval service by reason of physical (or mental) disabilities, and who are in need of further hospitalization or institutional care.—*Ross T McIntire—Thomas Holcomb.*

Enclosure (A)

FORM LETTER

From: The Medical Officer in Command, United States Naval Hospital,
To: The Medical Director, Veterans' Administration, Washington, D. C.
Via: The Chief of the Bureau of Medicine and Surgery.

Subj.: Transfer of Marine Corps patient to the Veterans' Administration;
request for designation of facility.

Ref.: (a) ComdtMarCorps & BuMed joint ltr. dated 10 Aug. 1943,
P3-2/HE(021).

Encl.: Copy of report of board of medical survey.

1. A board of medical survey has recommended that the following named man be transferred to a Veterans' Administration facility and then discharged from the naval service by reason of physical disability, in accordance with the instructions in reference. It is requested that facility be designated to receive him.

Name_____	Rate_____
Place of birth_____	Date _____ Race_____
Disability_____	Line of duty: (Yes) (No)* (Honorable) (Ordinary)*
Type of proposed discharge_____	
Home Address_____	
Name of nearest relative_____	Relationship_____
Address of nearest relative_____	

*Line out words not applicable.

2. The following records will accompany this patient to the designated facility:

- (a) Completed application for hospital treatment or domiciliary care. (V. A. Form P-10).
- (b) Completed application for pension. (V. A. Form 526); or a statement showing that the patient does not desire to submit an application for a pension.
- (c) A typewritten or photostatic copy of the descriptive sheet in his health record. (NavMed H-2.)
- (d) A typewritten (carbon) copy of his medical record.
- (e) A copy of the report of the Board of Medical Survey. (NavMed M).
- (f) A copy of orders for discharge showing type of discharge whether honorable or otherwise.

(Signature)

43-139—Transfer of Navy Patients to Veterans' Administration Facilities
P3-2/HE(021); 23 Aug. 1943

To: NDs and NavHosp

Ref.: (a) BuMed P3-2/HE(021) and BuPers (Pers-10-LC over P3-1) joint letter, 27 July 1943.

1. The medical director of the Veterans' Administration has requested that the following statement be included on the request for designation of a facility (see enclosure A with reference in all cases where the patient is to be discharged from the service by reason of disability not incurred in the line of duty:

"Affidavit has been made on Form P-10 that patient is not financially able to pay the necessary expenses of hospital or domiciliary care."

2. The requests for designation of Veterans' Administration facilities should be submitted in duplicate.—*Dallas G. Sutton.*

JOINT LETTER: BuShips.—BuMed.

43-143—Luminous Materials for Shipboard Use

RESTRICTED. *BuShips S64-8(660d), EN28/A2-11; BuMed A21/JJ65R1 (063); 6 Sep. 1943*

To: All ships and stations

1. Because of a definite need for some form of luminescent markers aboard ships, the Bureau of Ships, at the request of certain units and forces of the fleet, made available two types of radioactive markers:

(a) *Personnel markers, radioactive.*—This type button is the Navy counterpart of the United States Army Corps of Engineers Type I, radioactive marker button. It consists of a spot of radioactive luminous material approximately 1 inch in diameter enclosed in an optically clear plastic case which in turn is held in a steel (sheet) bezel, with a spring clip attached to the back. These buttons are furnished complete with canvas bags, and are shipped 24 in a lead-lined metal container. Each button contains approximately 10 micrograms of radium in the form of radium sulphate, and has a brightness decreasing slightly from 8 microlamberts with age. The luminous material is the characteristically green-colored compound normally used in watch and instrument dial making. This color is located in the portion of the spectrum most effectively seen by the dark-adapted eye, and is of a nature that is easily "picked up" by parafoveal (corner of the eye) vision. Under normal operating conditions, the button is plainly visible at 10 feet, perceptible at 50 feet, at the approximate threshold of visibility at 100 feet, and invisible at 200 feet. If a number of buttons are clustered together, all facing the same direction, the above distances will be increased directly as the square root of the number of buttons. Lines of buttons, or patterns, in which the minimum distance between any 2 buttons is 5 feet, however, have visibility distances equal to those of a single marker. Bureau of Ships Specification 17-I-26 (INT) has been amended as of 1 May 1943 to include this marker button, which is being supplied to the Corps of Engineers (U. S. Army) in accordance with their specification T-1249-B.

(b) *Plastic tubing, radioactive.*—Each unit consists of one 5-foot length of three-sixteenths-inch plastic tubing, filled with radioactive luminous compound. The tubing is flexible, and it is furnished with spring fasteners so that it may be used in loops, or so that several lengths may be joined to form a long luminous line. It has a brightness of approximately 5 microlamberts. Bureau of Ships Specification 17-I-26 (INT) of 1 May 1943 provides for this type of material. This tubing has excellent weathering characteristics.

2. As these materials have proved their usefulness through use by the amphibious forces in recent night operations, the Bureau, as directed by the Vice Chief of Naval Operations, now authorizes the following tentative distribution for all ships in commission, exclusive of district craft:

(a) For each ship:

- (1) Five 5-foot lengths of luminous (radioactive) plastic tubing.
- (2) Ten luminous (radioactive) personnel-type marker buttons.

(b) Additional for each 20 men in complement:

- (1) One 5-foot length of luminous (radioactive) plastic tubing.
- (2) One luminous (radioactive) personnel-type marker button.

(c) Additional for each cargo hatch, cargo boom, crane, and boat of 30 feet or larger:

- (1) Four 5-foot lengths of luminous (radioactive) plastic tubing.
- (2) Four luminous (radioactive) personnel-type marker buttons.

3. It should be noted that allowances indicated above are tentative only. In the event that commanding officers of units of forces afloat consider these allowances to be excessive or inadequate to meet operational needs, it is requested that the Bureau be so informed, and also be advised of appropriate comments and recommendations.

4. In order to facilitate distribution of the above, the following stocks are being set up by the Bureau as the material becomes available. (The tubing is being delivered at the rate of 2,000 lengths per week, and the buttons will be delivered at the rate of 10,000 per week beginning the middle of August.) Ships are requested to consider this material as supply-officer-furnished and therefore requisition the proper allowance directly from the most convenient of the bases listed below. After depletion of the initial stock, bases other than the naval supply depots at Oakland and Norfolk should consider these two activities as a source of supply, and direct requests for additional quantities accordingly:

Base	Tubing	Personnel buttons	Base	Tubing	Personnel buttons
NSD, Oakland.....	2,000	5,000	GLEN 93.....	2,000	5,000
NSD, Norfolk.....	2,000	5,000	PITH 93.....	2,000	5,000
FRAY 93.....	2,000	5,000	FEAR 93.....	2,000	5,000
EPIC 93.....	2,000	5,000	SPDC Dutch Harbor.....	2,000	5,000
LEFT 93.....	2,000	5,000			

5. Inasmuch as the above materials contain small quantities of radium, the following precautions are included as a safety measure in the handling of large quantities of these units, although under normal usage no danger to personnel exists:

(a) No more than five buttons may be worn simultaneously 5 hours per day, day after day, without exceeding the safe tolerance limits for gamma-ray radiation.

(b) A box of 24 buttons should not be carried for more than 2 hours in any 1 day by a single person.

(c) The minimum safe working distance (8 hours per day, day after day) from 5 boxes (24 buttons to the box) is about 1½ feet; from 10 boxes, 2 feet; from 20 boxes, 3 feet; from 50 boxes, 4 feet. As in the case of all radiation, the intensity varies inversely with the square of the distance.

(d) One plastic tubing may be worn 5 hours per day, day after day, without exceeding the tolerance limit.

(e) If two or more plastic tubings are worn, their use should be restricted to actual requirements.

(f) The minimum safe working distance (8 hours per day, day after day) from 100 lengths of tubing is 3 feet; from 500 lengths of tubing, 5 feet.

(g) The most serious danger associated with radioactive material is from the ingestion or inhalation of the material. In the case of these markers, this danger is completely absent as long as the markers remain intact. In view of this, they should not be tampered with in any way that will expose the luminous compounds, and BROKEN UNITS SHOULD BE DISPOSED OF IMMEDIATELY.

(h) Attention is invited to the fact that these materials should not be stored within a radius of 50 feet of unexposed photographic film. Non-observance of the above may result in detrimental fogging of the film.

6. Two other materials designed to facilitate shipboard movements of personnel during darkened-ship conditions are under development by the Bureau and will be available in quantity in the near future. These are:

(a) *Deck markers, radioactive.*—The deck-marker button is an adaptation of the personnel button. Without the pocket clip on the back, the marker is fitted with a thin steel washer, tapped to take two machine screws which fit through the two hollow rivets holding the plastic to the steel bezel. In use, the steel washer is to be welded to the bulkhead or deck and the button screwed to it. On injury to the buttons through breakage or scuffing, the screws may be removed and the buttons replaced. Technically the marker proper is no different from the personnel marker and all the details on visibility given previously apply also to this. Provision has also been included in the 1 May 1943 revision of the Bureau of Ships specification 17-I-26(INT) for these markers. It is pointed out that these deck markers, when installed so that the minimum distance between buttons is 5 feet, do not enable personnel to exceed the limits of gamma-ray exposure at any time.

(b) *Phosphorescent tape—Adhesive backing.*—While the above self-luminous materials are thought to be applicable to most problems of marking during darkened-ship operations, rolls of phosphorescent, pressure-sensitive adhesive-backed tape will be procured and distributed as an added facility. Because of the experimental nature of this material, it is thought its use should be confined to supplementing the materials listed above. This tape is designed for short-time operations and is not recommended for continuous use for periods exceeding 1 week. It must be applied in locations where it will, previous to the required time of use, receive more than 1 hour of exposure to daylight or any incandescent-light source. This exposure is necessary to activate the tape and the material will be useless without it. It should be noted that in this respect the phosphorescent tape differs from the radioactive materials described in paragraph (2) above, as they are self-activated and do not require exposure to any form of radiation prior to use. The precautions outlined in paragraph (5) do not apply to the phosphorescent tape, as it gives off no harmful radiation.

7. Although the uses to which all forms of the luminous material may be put will primarily be dictated by specific operations and ingenuity of personnel, the following notes are forwarded to acquaint ship personnel with present application knowledge:

(a) *Personnel markers.*—Primarily designed for personnel use, i. e., designation of position, rank, station, or casualty, this button may be clipped to

cargo, cargo nets, blocks, davits, small boats, or taped to bulkheads, hatches, etc. Because of the construction of these markers, they may be exposed to rain and sun with little or no effect on their efficiency.

(b) *Plastic tubing*.—This material is mainly useful in marking of cargo, cargo hatches, booms, small boats, landing craft, etc. Lengths may be joined to form a continuous path up ladders and across the darkened decks to guide disembarking troops. The tubing is not recommended for personnel use, although this can be done to the extent indicated in paragraph 5 (d) and 5 (e).

(c) *Deck markers*.—These markers may be welded to ladders, hatches, and obstacles whose presence requires delineation during periods of darkness to facilitate movement of personnel or handling of gear or cargo. It is suggested that they be placed, as needed, at intervals of 5 feet—inasmuch as it has been estimated that a deck installation of 400 buttons, so spaced, would be invisible at distances greater than 200 feet. Trial installations are now being made on 4 destroyers of the Atlantic Fleet, and further instructions with regard to these markers will be available when the markers are issued.

(d) *Phosphorescent type*.—This is intended for temporary use only, primarily where large-scale deck movements are contemplated for a specific operation. As a short-time emergency measure it may be used for all purposes for which radioactive material has been recommended—if time for activation is permitted. (See par. 6 (b).)

8. By separate correspondence the Bureau will include the equipment listed in paragraph 2 in the machinery master allowance and in the allowance lists of the types of vessels affected. Comments and recommendations of the fleet, force, type, and sea-frontier commanders with regard to the needs for other forms of fluorescent, phosphorescent, or radioactive materials for use during darkened-ship operations are requested.—*Ross T McIntire*,—E. W. Mills.

43-145—Correspondence—Request for Additional Copies

A6-5/EN(051); 7 Sep. 1943

To: All ships and stations

Ref.: (a) Art. 2009(4), United States Navy Regulations.

1. Correspondence is being received in the personnel division of BuPers and BuMed with only the original. This applies to letter form reports, requests for special instruction and change of duty, and correspondence regarding transfers of hospital corps men. This necessitates a great deal of extra work in preparing additional copies for file in this Bureau.

2. It is requested that in future ALL correspondence relative to hospital corpsmen be submitted so as to arrive in this Bureau with the original and 2 carbon copies attached.—*W. J. C. Agnew*.

43-146—Donations of Money to Naval Hospitals: Disposition of

L22-1/QF(091); 11 Sept. 1943

To: NavHosp.

Ref.: (a) Par. 16A10.3, MMD.

(b) BuPers Regulations for Ships Service and Welfare Depts., Ashore, Revised 1942 (BuPers ltr. Pers-1471-/jbs/JF(1116), 20 Aug. 1942, as amended.

1. In a number of recent instances, associations, groups of citizens, or individuals have presented gifts of money to commanding officers of naval hospitals to be used for the welfare, comfort, and recreation of patient personnel. Some of such gifts have been reported to the Bureau with request for instructions, others have been turned over to the local Red Cross chapters, and still others have been retained for disbursement by commanding officers. The sums involved have been in varying amounts up to several thousand dollars.

2. These funds have been given because of the patriotism of the donors and usually with the intent that they shall be expended by the hospital to which presented. The Bureau appreciates and values the motive behind these gifts and is in accord with their purpose. It is believed necessary, however, that a definite and uniform method be prescribed for their receipt, custody and disbursement. It is accordingly directed:

(a) That all money donated to a naval hospital shall be immediately reported to the Bureau, stating the name of the donor and the purpose and amount of the gift, with request for instructions.

(b) The donation, cash or check, shall be deposited in the welfare fund of the hospital.

(c) On receipt of Bureau acknowledgment of report of the gift and Bureau clearance thereof, the money then will be disbursed by the commanding officer for the benefit of the personnel of the command under the safeguards prescribed by reference (b) for receipt, custody, disbursement, and accountability of welfare department funds, i. e., those relating to profits of the ships service department.

(d) In event funds have been donated or are in hand for welfare purposes and a welfare department has not been established at the naval hospital, authority shall be requested of the district commandant, under the provisions of article 1422 (2) (a), Navy Regulations, to establish a welfare department organization for the purpose of handling funds (other than appropriated funds) for welfare purposes.—*Ross T McIntire.*

43-151—Acceptance by Medical Department of Red Cross Supplies and Services

JJ57/HJ(013-42); 4 Oct. 1943

To: All ships and stations.

1. In general the policy for acceptance by the Medical Department of Red Cross supplies and services is as follows:

Medical and surgical supplies and equipment may be accepted from Red Cross representatives when authorized by the Bureau of Medicine and Surgery or in advance of such authority when an emergency exists.

As a rule no supplies shall be accepted from the Red Cross which can be obtained through regular Navy procedure.

2. It is not intended that the Red Cross shall duplicate or parallel the work of the Medical Department in the procurement and distribution of medical supplies. Standard medical supplies procured by the Red Cross will be held as a reserve to meet unforeseen emergencies or to supplement standard medical supplies in grave situations. In other words:

(a) When time and other circumstances permit, Medical Department

supplies and equipment shall be obtained through the regular naval medical supply channels.

(b) In emergency, Medical Department activities may call on the Red Cross field directors or local Red Cross chapters for medical aid—supplies and services, inclusive of nonstandard or less essential remedial supplies which cannot be obtained immediately through usual channels.

(c) Medical Department activities normally are expected to process their own dressings, bandages, etc., from materials obtained through the regular naval medical supply channels, except that activities such as ships fitting out may utilize their commissioning outfit of surgical dressings to supply local Red Cross chapters for the preparation of surgical dressings for the particular ship.

(d) Supplies of surgical dressings, bandages, etc., produced by the Red Cross are held for release through the commandants of the several naval districts. Requests from Medical Department activities for such dressings for emergency use or quickly to supplement stocks on hand should be made on the nearest district commandant. The commandants (district medical officers) are requested to review these requisitions and arrange with the Red Cross for issue or take such other action as may be indicated.

3. Battle dressings (pack, abdominal; pad, combination; sponge, surgical) manufactured by the American Red Cross are held for Navy use as follows:

On order of commandant, Twelfth Naval District:

American Red Cross warehouse, 1543 Mission Street, San Francisco, Calif.

American Red Cross warehouse, Interstate Terminal Warehouse Co.,

Twenty-fourth and Wall Avenue, Ogden, Utah.

On order of commandant, Third Naval District:

American Red Cross warehouse, 26 Exchange Place, Jersey City, N. J.

On order of commandant, Sixth Naval District:

Atlanta Chapter, American Red Cross, 850 Peachtree Street, Atlanta, Ga.,

4. Except when specifically directed by BuMed or as authorized in paragraph 2 (c) of this letter, Medical Department activities will not issue Navy material for Red Cross processing.

5. The establishment of this policy is necessary to obtain a regular and standardized procedure which will be fully understood both by the Navy and the Red Cross.—*Ross T McIntire.*

43-152—Assignment of Recreation Officer

P16-1/P21-1(0440), 4 Oct. 1943

To: NavHosp (All types continental.)

**Encl.: A. (HW). Copy of BuPers Naval Reserve multiple address letter
65-41, 26 May 1941.**

1. The shortage of officers of the Medical Corps for professional work and for administrative duties closely associated thereto is becoming more and more acute. The Bureau therefore has given consideration to methods whereby medical officers may be relieved of certain extra-professional work and directs attention to the possible utilization of an officer appointed in class D-V(S) as recreation officer to assume charge of and direct recreational activities in connection with the hospital staff. It is believed that such an officer

can relieve the commanding officer of much responsibility and at the same time be of great assistance in promoting well-being and morale.

2. An outline of the duties which the recreation officer is required to perform is given in enclosure. These duties would relate primarily to the able-bodied personnel of the hospital staff, leaving to the Red Cross all duties in connection with recreation in the wards for the sick and disabled and all social-welfare work both for patients and staff. It would be specified, of course, that the Red Cross field director should work in cooperation with the recreation officer in making available recreation and entertainment for those patients able to participate therein.

3. Request for the assignment of a recreation officer should be made through official channels to the commandant of the district.—*Ross T McIntire.*

Enclosure A

NAV-1613-EH

QR/P14-2(623), 26 May 1941

Naval Reserve Multiple Address Letter No. 65-41

From: The Chief of the Bureau of Personnel.

To: The Commandants, All Naval Districts and
The Commandant, Navy Yard, Washington, D. C.

Subj.: Duties of officers appointed in class D-V(S) for recreational purposes.

Refs.: (a) Naval Reserve Multiple Address Letter No. 107-40.
(b) Bopers Circular Letter No. 31-41.

1. Officers appointed in class D-V(S) for recreational purposes and assigned to the various naval stations are expected to perform the following duties:

(a) To formulate, promote, and conduct a program of recreational activities for all personnel within the station or unit, the said program to include the following types of activities:

(1) Informal indoor and outdoor games, contests, events, etc., in the traditional recreational sports, organized with a view to the participation of all the men assigned to the unit.

(2) Musical and dramatic entertainment of various kinds, including commercial and amateur entertainment provided by civilian agencies and presented within the station, and amateur entertainment prepared and presented by groups of entertainers selected from the personnel of the station.

(3) Dancing, including the procurement of suitable music, floor management, selection of suitable dancing partners with the assistance of proper organizations within the community, and related matters.

(4) Hobbies of innumerable types including those pursued by the individual as well as those requiring group participation; for example, musical practice, stamp collection, collection of natural specimens, manual arts, fine arts, reading, writing, photography, etc.

(b) To discover leadership for many of the activities mentioned above from among the enlisted personnel and to relate such leaders to groups and enterprises which are a part of the recreational program of the station.

(c) To exercise general supervision over the recreational facilities of the station, both indoor and outdoor, and to plan for the improvement of such facilities as may be needed for the recreational program of the station.

(d) To cooperate with forces afloat, with a view to facilitating their use of recreational equipment of the station or of the nearby community when in port.

(e) To maintain liaison and to cooperate with the representatives of the coordinator of health, welfare, recreation, and related activities and any other agencies whose services are desired in relation to the recreational needs of the personnel of the station when on liberty in the adjacent or nearby communities.

(f) To keep fully informed of the recreational activities of men when on liberty with a view of making such recommendations as may be required.

(g) To be prepared to advise concerning the expenditures of recreational funds.

2. Officers appointed in the naval districts as directors of recreational and welfare activities are expected to perform in general the following duties when assigned to the districts headquarters and representing the commandants in these matters:

(a) To become familiar with the recreational needs of all units in the district, having in view the number of men served, both ashore and afloat, facilities within the station or unit for recreation and related activities, resources of the adjacent communities and plans of various social service agencies to meet recreational needs of the personnel.

(b) To advise and counsel with recreation officers assigned to the several stations within the district, as may be required by the district commandant.

(c) To aid in the selection and assignment, as required, of recreation officers for duties in the several stations.

(d) To negotiate for and to schedule such entertainment at the several stations, as may be authorized.

(e) To organize and to manage directly or through others a program of athletic events and contests between representative teams of various naval stations and units located within the district.

(f) To review the allotments of recreational funds and to be prepared to recommend reallocation to the several units in the district according to needs.

(g) To keep fully informed of the recreational activities of men when on liberty with a view to making such recommendations as may be required.

(h) To maintain liaison with the representatives of the coordinator of health, welfare recreation, and related activities, and to insure adaptation of the general recreational program to the needs of the Navy.

(i) To obtain full information concerning the resources of communities within the district, including facilities, leadership, organization structure, etc., with a view to the utilization of the same for the benefit of naval personnel as needed.—*C. W. Nimitz.*

43-154—Navy Optical Units

P2-3 (084-42); 5 Oct. 1943

To: All ships and stations.

1. Under authority contained in the naval appropriation act for the fiscal year 1944 a number of optical units have been organized and equipped by the Bureau of Medicine and Surgery. The mission of these units is:

(a) First, to provide emergency, spectacle replacement and repair serv-

ice without charge to naval personnel in combat areas or other places not accessible to civilian facilities, and

(b) Second, to initially supply urgently needed corrective spectacles to naval personnel under like circumstances.

2. *Types of units.*—In order to render this service adequately and to make it available to the greatest number in a given area, two types of units have been designed: a BASE type to be established at a relatively permanent location, and a MOBILE type to be transported from one location to another according to the demands. These units are prepared to provide corrective or replacement lenses sufficiently accurate to meet the needs of combat personnel. The units also are intended to supply corrective lenses for personnel, such as flight personnel, etc., requiring periodic eye examinations with special reference to the existence of various phorias.

3. For the operation of these optical units in fulfilling the mission stated in paragraph 1, the Secretary of the Navy, as required by the appropriation act, has specified the following:

REGULATIONS GOVERNING THE OPERATION OF NAVY OPTICAL UNITS

(a) Scope of work: Primarily, repair, or replacement of spectacle frames or lenses which have been broken, damaged, or lost; and secondarily, the original construction of corrective lenses. These services will be available only to naval personnel on active duty.

(b) In general, repair of lenses or frames, replacement of spectacles, or furnishing of initial spectacles shall be controlled by prescriptions issued by Medical Department officers except that when broken lenses are available for measurement, replacement may be made without prescription.

(c) All frames and lenses are to be standardized.

(d) None but standard frames to be repaired or supplied for naval personnel. Broken nonstandard frames will be replaced by standard frames.

(e) Bifocal lenses shall not be supplied. If required, two pairs of spectacles (near and distant) shall replace bifocals.

(f) Ordinarily but one pair of spectacles shall be supplied to an individual except as noted in paragraph (e):

(g) No charges will be made for lenses or frames or services furnished naval personnel under these regulations.

(h) Optical units shall be in charge of qualified personnel of the Medical Department of the Navy.

(i) These optical units will possess no equipment for refraction, orthoptic training, or allied fields. They will not be prepared to deal with problems relating to precision optics, as in fire-control apparatus or photographic lenses.

4. Each unit, whether base type or mobile type, is a component of the Medical Department and carries technical personnel, officer and enlisted, selected on the basis of previous optical service and special training. Each unit will be assigned to a specific area by BuMed and will operate under the orders of the commanding officer of the area in the same manner that naval base hospitals and naval mobile hospitals are operated, subject to the directives and limitations expressed in the above regulations of the Secretary of the Navy and the technical instructions prepared by the naval medical supply depot, Brooklyn, N. Y., to accompany each unit.—*Ross T McIntire.*

43-156—Preservation of Files of Ships' and Stations' Newspapers and Periodicals*A6-6/A12-1(102); 8 Oct. 1943***To:** NavHosp (all types), HospCorps Scols, HospShips.

1. For historical purposes the newspapers and other periodicals published on shipboard and at stations have great interest. They often supplement the official record, and make possible a clearer understanding of current events and conditions.
 2. For this reason it is requested that two copies of each number of such newspapers or periodicals be forwarded to BuMed, division of publications, as issued.
 3. If back copies of these publications are available, they should be included in this collection back as nearly to 1 July 1941 as possible.
 4. This is in addition to the filing of "Newspapers and other periodicals published on shipboard and at stations," as required by OP-16-E-2 A7-1/FS A9-4/EN Serial 2957416 SO 12141014 14 December 1942.—*Ross T McIntire.*
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43-161—United States Marine Hospitals and Relief Stations; List of ET12(014-37); 12 Nov. 1943**To:** NDs, DMOs, NavTraCens, MarCorpsTraCens.**Refs.:** (a) Art. 1189 and 1204, N. R.
(b) Part III, Chapter 1, Manual Medical Department.**Encl.:** A. (HW) U. S. Public Health Service Hospital Division Circular No. 4 (New Series), revised 15 Oct. 1943.

1. The enclosed circular is furnished for information and reference purposes in connection with hospitalization of Navy and Marine Corps personnel, attention being invited to the instructions in references (a) and (b) regarding the use of other Federal hospitals when naval hospital facilities are not available.—*D. G. Sutton, acting.*

Enclosure A

FEDERAL SECURITY AGENCY,
UNITED STATES PUBLIC HEALTH SERVICE,
Washington 14 (Bethesda Station), October 15, 1943.

Hospital Division Circular No. 4 (new series) (superseding Hospital Division Circular No. 210).

To: Officers and Employees, United States Public Health Service, and others concerned.

Subj.: List of United States Marine Hospitals and Relief Stations.

UNITED STATES MARINE HOSPITALS AND OUT-PATIENT OFFICES

Baltimore 11, Md.—Wyman Park Drive & Thirty-first Street.

Out-patient office, Customhouse, Baltimore 2, Md.

- Boston 35, Mass.*—77 Warren Street.
Out-patient office, Customhouse, Boston 9, Mass.
- Buffalo 14, N. Y.*—2183 Main Street.
Out-patient office, 228 Federal Building, Buffalo 3, N. Y.
- Carville, La.*—(Public Health Service leprosarium).
Freight and express address, St. Gabriel, La.
- Chicago 13, Ill.*—4141 Clarendon Avenue.
Out-patient office, New Post Office Building, Chicago 7, Ill.
- Cleveland 20, Ohio.*—Fairhill Road and East One Hundred and Twenty-fourth Street.
Out-patient office, New Post Office Building, Cleveland 13, Ohio.
- Detroit 15, Mich.*—Windmill Pointe.
Out-patient office, Post Office Building.
- Ellis Island, N. Y.*—
- Evansville 12, Ind.*—2700 West Illinois Street.
- Fort Stanton, N. Mex.*—(Tuberculosis sanatorium).
Freight and express address, Capitan, N. Mex.
- Galveston, Tex.*—Forty-fifth Street and Avenue N.
Out-patient office, Customhouse.
- Kirkwood, Mo.*—525 Couch Avenue.
Out-patient office, 919 New Federal Building, St. Louis, Mo.
- Louisville 12, Ky.*—Portland Avenue and Twenty-second Street.
- Memphis 5, Tenn.*—Delaware and California Streets.
- Mobile 16, Ala.*—800 St. Anthony Street.
- New Orleans 15, La.*—210 State Street.
Out-patient office, Customhouse, New Orleans 16, La.
- New York 13, N. Y.*—67 Hudson Street.
Out-patient office, Barge Office.
- Norfolk 9, Va.*—Hampton Boulevard, Larchmont.
Out-patient office, Federal Building, Norfolk 10, Va.
- Pittsburgh 24, Pa.*—Fortieth Street and Penn Avenue.
Out-patient office, Federal Building, Pittsburgh 19, Pa.
- Portland 3, Maine.*—331 Veranda Street.
- San Francisco 18, Calif.*—Fourteenth Avenue and Park Boulevard.
Out-patient office, Old Mint Building, Fifth and Mission Streets, San Francisco 3, Calif.
- Savannah, Ga.*—York and Abercorn Streets.
- Seattle 14, Wash.*—Judkins Street and Fourteenth Avenue South. Also: P. O. Box 3145, Seattle, Wash.
- Staten Island, N. Y.*—
Express address, Stapleton, N. Y.
Freight address, Tompkinsville, Staten Island, N. Y.
- Vineyard Haven, Mass.*—

SECOND-CLASS RELIEF STATIONS

- Balboa Heights, C. Z.*—
- Charleston 3, S. C.*—Customhouse.
- El Paso, Tex.*—139 United States Courthouse.
- Honolulu 7, Territory Hawaii*—208 Federal Building. Also: P. O. Box 1410, Honolulu, T. H.
- Los Angeles 12, Calif.*—414 Federal Building.

Miami 3, Fla.—365 Federal Building.
Philadelphia 6, Pa.—225 Chestnut Street.
Portland 5, Oreg.—215 United States Courthouse.
San Diego 1, Calif.—208 New Post Office Building.
San Juan 18, P. R.—(United States quarantine and relief station).
San Pedro, Calif.—308 Federal Building.
Washington 25, D. C.—Railroad Retirement Board Building.

THIRD-CLASS RELIEF STATIONS

Aberdeen, Wash.—720 Becker Building.
Albany 6, N. Y.—399 State Street.
Anacortes, Wash.—Empire Building.
Apalachicola, Fla.—96 Fifth Avenue.
Ashland, Wis.—522 West Second Street.
Ashtabula, Ohio.—334 Center Street.
Astoria, Oreg.—211 Post Office Building.
Bangor, Maine.—39 High Street.
Bath, Maine.—73½ Front Street.
Bay City, Mich.—307 Davidson Building.
Beaufort, N. C.—Potter Building.
Bellingham, Wash.—512 Herald Building.
Biloxi, Miss.—405 Lameuse Street.
Brunswick, Ga.—1501½ Newcastle Street.
Burlington, Iowa.—320 North Third Street.
Cairo, Ill.—808 Commercial Avenue.
Calais, Maine.—
Cambridge, Md.—No. 1 Church Street.
Cape May, N. J.—Columbia Avenue and Ocean Street.
Charlotte Amalie, V. I.—47 Norre Gade.
Cincinnati 2, Ohio.—1009-10 Carew Tower, Fifth and Vine Streets.
Cordova, Alaska.—
Corpus Christi, Tex.—314 Peoples Street.
Crisfield, Md.—322 Main Street.
Duluth 2, Minn.—706 Medical Arts Building.
Edenton, N. C.—
Elizabeth City, N. C.—Kramer Building.
Erie, Pa.—217 West Eighth Street.
Escanaba, Mich.—1103 Ludington Street.
Eureka, Calif.—407 First National Bank Building.
Fall River, Mass.—2123 Highland Avenue.
Gallipolis, Ohio—Third Avenue and State Street.
Gary, Ind.—673 Broadway.
Gloucester, Mass.—Customhouse, Dale Avenue.
Grand Haven, Mich.—210½ Washington Street.
Green Bay, Wis.—610 Northern Building.
Gulfport, Miss.—21 Durham Building.
Hancock, Mich.—Kauth Block.
Houston 2, Tex.—416-417 Medical Arts Building.
Indiana Harbor (East Chicago), Ind.—3406 Guthrie Street.
Jacksonville 1, Fla.—403 Federal Building;
 also: P. O. Box 4788, Jacksonville, Florida.

Juneau, Alaska.—First National Bank Building.
Ketchikan, Alaska.—Koel Building.
Key West, Fla.—620 Southard Street.
La Crosse, Wis.—205 Linker Building.
Lewes, Del.—Savannah Road.
Ludington, Mich.—116½ West Ludington Avenue.
Machias, Me.—
Manistee, Mich.—401 River Street.
Manitowoo, Wis.—811 York Street.
Marquette, Mich.—107 Harlow Block.
Marshfield, Oreg.—510 Hall Building.
Menominee, Mich.—Electric Square Building.
Milwaukee 2, Wis.—560 Federal Building.
Morehead City, N. C.—
Muskegon, Mich.—704 Hackley Bank Building.
Nashville 3, Tenn.—1007 Medical Arts Building.
Natchez, Miss.—Natchez Sanatorium, 306 Franklin Street.
New Bedford, Mass.—105 South Sixth Street.
New Bern, N. C.—168 Middle Street.
New Haven 11, Conn.—291 Whitney Avenue.
New London, Conn.—205 Williams Street.
Newport, Oreg.—625 Hurlburt Street.
Newport, R. I.—105 Pelham Street.
Newport News, Va.—118 Twenty-sixth Street.
Ogdensburg, N. Y.—430 Ford Street.
Olympia, Wash.—407 Security Building.

43-167—Convalescent Leave for Neuropsychiatric Patients

P2-5/P16-3 (092); 20 Nov. 1943

To: NavHospitals (all types—continental).

Ref.: (a) BuPers Ltr. Pers-620-RFT (1) P18-1, 26 Apr. 1943.
 (b) Comdt, MarCorps Ltr. DFB-322-mp, 8 June 1943.
 (c) BuPers Circ. Ltr. No. 196-43, Pers-319-HBS, P18-1/00, 23 Sept.
 1943.

1. It has come to the attention of the Bureau that many patients evacuated from overseas suffering with neuropsychiatric conditions are being granted convalescent leave in accordance with references (a), (b), and (c) within short periods after arrival in the United States. Experience with this type of patient has shown that in many cases as a result of the attentions of over-solicitous but well meaning relatives at home and other conditions inherent in unsupervised life in the civilian community, the opportunity to obtain benefit from psychotherapy is lost during such leave periods and that in many cases the disabling condition rather than being benefited by a period of leave becomes fixed.

2. It is, therefore, the desire of the Bureau that patients received from overseas suffering with neuropsychiatric disabilities not be granted convalescent leave until the maximum benefit from treatment has been obtained and their disposition has been determined.—D. G. Sutton.

43-176—Training of Members of the Hospital Corps, Women, in Property and Accounting*P11-1/QR8 (121); 3 Dec. 1945***To:** NavHosp (Continental).**Ref.:** (a) BuMed Ltr., P11-1/MM. (013), H-DL, 21 May 1943.
(b) BuMed Ltr., P11-1/MM. (111), 20 June 1942.

1. Medical officers in command are requested to submit names of members of the Hospital Corps (women), who desire and are recommended for training in property and accounting. This Bureau prefers recommendations of those who have aptitude and had some basic training in bookkeeping and business procedures in civil life.

2. In addition to recommendations requested in paragraph 1 above, BuMed desires that monthly recommendations of members of the Hospital Corps for training in Medical Department technical specialties include names of WAVES recommended for subject training.

3. Your attention is invited to reference (a).

By direction of the Chief.—*W. J. C. Agnew.*

43-179—Venereal Disease Educational Posters—Monthly Distribution of*P3-1/L3 (094-42); 9 Dec. 1943***To:** NDs; AirTraComs; NavFltHosp; PhibForComs; AdPhibTrainBase, MarBaks, Quantico, Va.; all ships.

1. BuMed has prepared a series of venereal disease educational posters designed for display in recreation compartments, on bulletin boards, etc. Posters will be issued on a monthly basis for display over a period of approximately 30 days; to be removed when posters for the following month are distributed. Posters should be displayed, if possible, in the same place each month.

2. Posters will be forwarded in a ratio of approximately 1 poster for each 500 strength, or in sufficient numbers to provide at least 1 poster for each station, with additional copies to larger stations as necessary. Addressees (except ships) will forward posters to subordinate activities as necessary.

3. Distribution will be made by BuMed directly to the commanding officer of each ship having a complement of approximately 100 or more.—*L. Sheldon, Jr.*

43-181—Benzedrine Sulfate; Procurement, Dosage and Effects of*P3-2 (114); 18 Dec. 1943***To:** All Medical Officers**Ref.:** (a) BuMed Ltr. P3-2 (114), 20 Dec. 1943.

1. As noted in reference (a) benzedrine sulfate is regarded as the most satisfactory of a group of anleptic drugs which can enable personnel to continue performing their duties efficiently for a time when they would normally be seriously impaired by extreme fatigue.

2. The subject named drug is available and may be procured from naval medical supply depots and naval medical storehouses under the following designation:

Stock No.	Status	Item	Unit
S1-3991-----	T	Racemic amphetamine sulfate, waxed paper package containing 6 tablets of 5 milligrams.	1

3. The effects of benzedrine appear in about 1 hour after ingestion and continue for 6 to 8 hours. Single doses should not exceed 10 milligrams. Such doses should not be repeated more than 3 times at intervals of 6 to 8 hours, after which the need for sleep and rest is imperative. A total of 30 milligrams should not be exceeded in any 1 week. For officers and men in key positions in which good judgment and the making of decisions outweighs the allaying of fatigue, not over 5 milligrams, single dose, repeated no more than 3 times at intervals of 6 to 8 hours.

4. Benzedrine sulfate, in moderate doses, does not produce serious adverse effects. Approximately 10 percent of persons notice such symptoms as palpitation and feelings of tension or uneasiness after a moderate dose such as 10 milligrams taken when not fatigued. These symptoms are less frequent when the drug is taken during severe fatigue. Following 10 milligrams there is some increase of heart rate, and systolic and diastolic blood pressures, but these are too small to be regarded as important in healthy subjects. Benzedrine should not be administered to severely wounded men because it may increase hemorrhage. It produces some increase in sweating and in thirst, but it is not regarded as being contraindicated in extreme conditions of humidity, heat or cold. In excessive or unduly prolonged usage unfavorable symptoms are common. These include: Headache, anorexia, abdominal cramps, constipation, dizziness, irregular heart action with tachycardia and palpitation, and numerous adverse mental reactions. Instances have also been reported of euphoria with excitement, overconfidence, impaired judgment, and hallucinations following excessive dosage or continued use over too long a period. With continued overuse there have been instances of vasomotor collapse. In order to avoid the possibility of serious adverse reactions the dosage prescribed in paragraph 3 above must be strictly observed.

5. Benzedrine is not known to cause addiction in the sense of a craving for the drug. There are no withdrawal symptoms except a desire for rest and sleep. It is, however, possible to form a habit of depending on this drug to overcome moderate feelings of fatigue. Any supplies of benzedrine should be kept under lock and key and issued only under the immediate supervision of responsible officers who are familiar with its characteristics.

6. Benzedrine postpones but does not eliminate the need for sleep and rest. With continued use increasing doses are necessary in order to stay awake and adverse reactions become more common. It should not be employed in situations or emergencies which may continue more than 24 hours after the appearance of severe fatigue. This drug does not improve intellectual or psychomotor function when taken while in a normal state. There is no satisfactory evidence that it reduces or prevents seasickness or airsickness.—Ross T McIntire.

43-182—Benzedrine Sulfate, Tactical and Emergency Use of**RESTRICTED. P3-2(114); 20 Dec. 1943****To: All ships and stations****Ref.: (a) BuMed ltr. P3-2(114), 18 Dec. 1943.**

1. Benzedrine (racemic amphetamine sulfate) is now available and may be procured by medical officers in accordance with reference (a). This drug is regarded as the most satisfactory of a group of stimulants which have been used in certain tactical and emergency situations in the present war. In states of severe or extreme fatigue this drug, in suitable doses, temporarily removes the desire for rest and sleep and produces feelings of self-confidence and well-being. It also produces improvement in the performance of skilled acts during states of severe fatigue. It can, therefore, enable persons to carry on efficiently for a time when their performance would normally be impaired or they would be unable to remain awake.

2. Excessive or unduly prolonged use of this drug can produce unfavorable effects. It is therefore essential that all personnel who may be responsible for the administration of benzedrine to themselves or others be thoroughly familiar with the proper dosage and limitations of usefulness of this drug. The dissemination of this information is the responsibility of medical officers. The attention of medical officers is directed to reference (a), which summarizes this information.

3. The operational use of benzedrine shall be limited to specific tactical or emergency situations and decision as to such use shall be arrived at by consultation between commanding and medical officers. Medical officers will be responsible for the custody of supplies and the supervision of administration and dosage. Operations in combat areas may, however, give rise to situations in which the use of benzedrine would be advantageous at times and places when a medical officer is not available. Such conditions may be met by placing the necessary supplies under the custody and supervision of unit commanders.

4. The following are examples of tactical and emergency situations in which the use of benzedrine may be indicated:

(a) Tactical operations in which the highest possible efficiency is necessary for a total of not over 24 hours beyond the onset of severe fatigue. Such tactical plans must include a rest period of at least 12 hours following the prolonged activity. Tactical situations fulfilling these requirements may occur in Naval and Marine forces during raids or the establishment of beach-heads and possibly also in some operations at sea. In such operations the time of administration and dosage of benzedrine should be written into the tactical orders after consultation with medical officers, and the drug will then be supplied to unit commanders in appropriate quantities.

(b) Flying personnel may experience severe fatigue during the return from prolonged patrol or bombing missions. Under such circumstances pilots and others have shown dangerous impairment of skill or inability to stay awake. When such conditions are expected, medical officers may issue benzedrine to flying personnel with instructions as to proper dosage.

5. For operational situations in which the use of benzedrine may be justified after consultation between commanding and medical officers, the use of the drug shall be governed by the following conditions:

RESTRICTED**JULY 1939-JULY 1945**

- (a) Not to be employed in situations or emergencies which may continue more than 24 hours after the appearance of severe fatigue.
- (b) Officers and men in key positions in which good judgment and the making of decisions outweighs the allaying of fatigue, not over 5 milligrams, single dose, repeated no more than 3 times at intervals of 6 to 8 hours.
- (c) For allaying sleepiness and fatigue, all other men, not over 10 milligrams, single dose, repeated no more than 3 times at intervals of 6 to 8 hours.—*Ross T McIntire*.

43-185—Leaflet, "To a Young Woman Entering the Navy" (BuMed Restricted), and Motion Picture Film, "Personal Hygiene for Women," (MN-1712 (Restricted), Distribution of

RESTRICTED. A18-1/EN (122), 20 Dec. 1943

To: DMOs.

Via: Comdts.

Ref.: (a) BuPers Ltr. Pers-171-ME, 9 Nov. 1943.

1. Subject health education materials have been prepared by BuMed and approved by BuPers for distribution and showing to all personnel in the Women's Reserve, USNR.
2. There are separately forwarded sufficient supplies of subject leaflet to permit distribution of a personal copy to each member of the Women's Reserve now on active duty. Additional supplies may be requisitioned from the Naval Medical Supply Depot, Brooklyn, N. Y. In the future, recruits and midshipmen of the Women's Reserve will receive subject pamphlet at basic indoctrination schools.
3. Copies of subject motion picture film will be deposited in training aids libraries. All Women's Reserve personnel now undergoing instruction in Naval Training Schools, and all such personnel now on active duty, are to be given an opportunity to see this film. In the future, recruits and midshipmen of the Women's Reserve will view this film during basic indoctrination periods.
4. The DMO shall consult with the district director of the Women's Reserve in planning distribution and showing of subject materials; and at shore stations Women's Reserve representatives shall facilitate such plans.
5. The DMO shall be responsible for distribution of leaflets and showing of the film to all shore stations within the geographic limits of the District, except for stations attached to Naval Air Training Commands. The latter will be handled by separate correspondence.—*Ross T McIntire*.

43-187—Report of Allotment Expenditures and Obligations, NavMed-B, Instructions Regarding

A3-3/EN10 (052-96); 29 Dec. 1943

To: All ships and stations

1. This report shall be submitted, as of the last day of the quarter and upon decommissioning, by all medical department activities that have been granted

one or more allotments by this Bureau, or have, in cases of emergency, incurred appropriational charges in the absence of an allotment.

2. Each allotment should be closed at the end of the fiscal year, if possible. In the event it is impossible to close an allotment at the end of the fiscal year for which it was granted, every effort shall be made to liquidate such outstanding obligations at the earliest practicable date.

3. A monthly supplementary report, covering all obligations reported as outstanding against any allotment at the end of a fiscal year, shall be submitted at the end of each month thereafter until all obligations are disposed of either by (1) final liquidation, (2) cancellation, or (3) transfer, by the issuing medical supply depot, of the obligations outstanding against the medical supply depot allotment for the previous fiscal year to the corresponding medical supply depot allotment for the current fiscal year. When all obligations chargeable to an individual allotment have been disposed of by one or more of these three procedures the word "Final" shall be inserted on line 8 of the appropriate column of table 1 of the report for the month in which the final transaction occurs. In the event final disposition is accomplished by cancellation or transfer of any part of such obligations, the facts regarding each cancellation and transfer for each allotment shall be stated under REMARKS. In the supplementary reports covering the medical department appropriational allotment only the amount reported as outstanding at the close of a fiscal year shall be reported as the amount available in the Supplementary NavMed-B submitted for the month ended 31 July. Succeeding monthly supplementary reports of the medical department appropriational allotment shall indicate as the amount available the amount of the obligations reported as outstanding in the report for the previous month. When obligations are outstanding against the medical supply depot allotment at the close of the fiscal year the entire medical supply depot allotment shall be carried forward as the amount available until all obligations against that particular allotment are liquidated. The latter procedure will require that the cumulative expenditures reported in all previous NavMed-B for the fiscal year concerned be reported in column 2, line 3 of table 1. Only the amount expended during the month for which the supplementary report is submitted shall be analyzed in tables 2, 3 (A), 4, and 5 of each supplementary NavMed-B.

4. NavMed-B shall be prepared in accordance with the following instructions.

Heading

1. On the line headed "QUARTER ENDED," insert the date of the last day of the quarter for which the report is submitted. On supplementary reports the date of the last day in the month for which the report is submitted shall be inserted on this line, and the words "Supplementary Fiscal Year," followed by the numerical designation of the fiscal year concerned, shall be typed above the heading of the form. The words "Final Supplementary" shall be typed above the heading of the form on the last supplementary report for each fiscal year.

2. On the line headed "FROM," insert the name of the activity followed by its account number as shown in the current "List of accounting numbers for Ships and Stations, United States Navy," NavS&A publication No. 5.

3. On the line headed "DATE," insert the date on which the report is prepared.

TABLE 1.—*Status of allotments*

Line 1.—Insert in columns 1 and 2 the correct allotment numbers as indicated on the respective allotment cards issued by the Bureau. (The allotment number of each allotment changes with each fiscal year.) Those activities which are granted automatic allotment by authority of an annual BuMed letter, and to which allotment cards are not forwarded, will leave this column blank and under remarks will refer to the letter authorizing the allotment.

Line 2.—Insert in column 2 the net amount of the annual medical supply depot allotment; the original allocation, plus increases and minus decreases, if any.

Line 3.—Insert in column 2 the total of all amounts previously reported on line 7 of column 2 during the current fiscal year.

Line 4.—Insert in column 1 the net amount of the respective apportionment; the original apportionment for the quarter, plus increases and minus decreases, if any.

Line 5.—Insert in column 1 the amount reported on line 8 of the report for the preceding quarter of the current fiscal year.

Line 6.—Insert in column 1 the total of lines 4 and 5 of this column. Insert in column 2 the difference between lines 2 and 3.

Line 7.—Insert in columns 1 and 2 the total expenditures charged to the respective allotments during the quarter concerned. The total of column 1 of this line must agree with the total of line 10, column 4, of table 2 and the total of column 2, table 4. The amount reported in column 2 must agree with the total of table 3 (A) and with the total reported in columns 3 and 4 of table 5.

Line 8.—Insert in columns 1 and 2 the respective totals of unliquidated obligations as defined in chapter 20, paragraph 3023 (a), Manual of the Medical Department (1938) edition. The amount reported in column 2 must agree with the total reported in column 3 of table 4. The amount reported in column 2 must agree with the total reported in table 3 (B).

Line 9.—Insert in columns 1 and 2 the amount obtained by subtracting the sum of lines 7 and 8 from the amount reported on line 6.

Line 10.—Insert in columns 1 and 2 the respective sums of lines 7, 8, and 9, which must agree with the amount reported on line 6. The sum of lines 7 and 8 of column 1 must equal the totals reported in columns 4 of table 4. The sum of lines 7 and 8 of column 2 must equal the sum of the total amounts reported in table 3 (A) and (B).

TABLE 2.—*Analysis of completed appropriational allotment transactions*

Line 1—NSF material and services.—Issues from the naval stock account are made on naval stock account (NSA) stub requisitions (NavS&A Form 129) or on expenditure invoices (NavS&A Form 71) and an appropriational charge is always involved. The value of issues made on NSA stub requisitions is summarized monthly on summary of NSA stub requisition (NavS&A Form 178); the value of issues made on expenditure invoices are summarized on abstract of receipt and expenditure vouchers (NavS&A Form 147). The appropriational charge to activities ashore covering both summaries are reported to the Bureau monthly by the issuing supply department activity on statement of charges and credits (NavS&A Form 126). Refer to articles 1308-5 (a), (6), and (7) (provisions) and articles 1183-1 (a) and (b) (all other charges), BuS&A Manual.

When naval stock account material or services are received from more than one supply department activity a schedule of the receipts from each shall be submitted.

Column 1—NSA provisions (including items of special diet).—Report the total value of all NSA expenditure invoices (NavS&A Form 71) covering provisions (dry or fresh) and items of special diet actually received during the quarter, even though the charges have not yet been made on the statement of charges and credits (NavS&A Form 126). Submit a supporting schedule showing invoice number, date of receipt, total amount of each invoice, a subtotal of the value of the transactions for each month, and the grand total for the quarter. Indicate by appropriate notes on the schedule the invoices which have not been included in the charges reported in the statement of charges and credits (NavS&A Form 126).

Column 2—Care of the dead and

Column 3—Other charges.

Report in the appropriate columns the value of all naval stock account (NSA) issues, other than provisions, actually charged to the appropriation "Medical Department, Navy" in statement of charges and credits (S&A Form 126) during the quarter.

Column 4—Total expenditures.—The total should agree with the total of the 3 monthly summaries (NavS&A Forms 178 and 147) submitted by the supply officer during the same quarter plus the total of the expenditure invoices covering provisions received which have not been charged on S&A 126. A schedule in the form described for "provisions" under column 1 shall be submitted to support receipt and expenditure invoices (NavS&A Form 71) other than provisions.

Line 2—Bureau work requests and local job orders.—Work authorized by Bureau work requests and local job orders is accomplished in title Z—Manufacturing, either under the naval stock fund with ultimate charge to the appropriation "Medical Department, Navy" or as a direct charge to the latter appropriation. The value of such work done under the naval stock fund is issued by stub requisition (NavS&A Form 129) exactly as if it were naval stock account (NSA) stores. The value of such work done directly under the appropriation "Medical Department, Navy," is reported by the accounting officer (S&A) of the yard or station doing the work in the monthly "Report of Expenditures" (NavS&A Form 280). Refer to articles 661-1(a) and (b) and 708, BuS&A manual.

Do NOT report on this line the amounts liquidated by public vouchers drawn directly under the appropriation "Medical Department, Navy" by a public works officer to cover such work accomplished by NOy contract.

Distribute to the appropriate columns the total amount charged by the supply and accounting (BuS&A) officers to the appropriation "Medical Department, Navy" during the quarter on account of such work. The majority or such charges will be reported in column 3, but the distribution by columns will be self-evident from analysis of the charges made during the quarter. Refer to chapter 20, paragraph 3023 (d) (6), Manual of the Medical Department (1938 edition). Submit a supporting schedule showing each bureau work request number and local job order number (including brief description of the work covered by the latter), the amounts applicable to each, a subtotal of the monthly charges and a grand total of all charges for the quarter.

Lines 3, 4, and 5—Annual requisitions.—Insert on a separate line the number of each annual requisition, the inclusive numbers of the public vouchers,

dated within the quarter, drawn under each annual requisition, and the amounts in the appropriate columns opposite each requisition. On board ships and at stations where public vouchers are prepared by the supply officer, the annual requisition number and the disbursing officer's voucher number, or other identifying number of each voucher shall also be indicated. Naval hospitals procuring provisions under a BuMed annual requisition shall, in numbering such public vouchers, use a separate and distinct series, preceded by the letter "P." Report in column 1 the value of provisions obtained in the above manner. At naval hospitals, public vouchers dated within the quarter, drawn in payment for yeast purchased under an annual contract chargeable to a special requisition maintained in BuMed and NOT to the BuMed annual requisition of the individual activity, shall be numbered in a separate and distinct series, preceded by the letter "Y" when chargeable to subhead 06 (medicines), and by the letters "YP" when chargeable to subhead 13 (provisions). The total amount of all public vouchers on which the numbers are preceded by the letter "Y" shall be reported in column 3; those on which the numbers are preceded by the letters "YP" shall be reported in column 1.

Line 6—NSF provisions contracts (naval hospitals only).—Report the NSF requisition number and the inclusive public voucher numbers (dated within the quarter) and insert the amount in column 1.

Line 7—Civilian payrolls.—Report the amount in column 3, which must agree with the total charges to the appropriation "Medical Department, Navy" as reported on labor roll summaries (NavS&A Form 184) during the same quarter. Civilian payrolls shall be reported on an accrual basis.

Line 8—Clothing and small stores (C&SS) expenditure invoices.—Distribute the total amount to columns 2 and 3 as appropriate and report the total amount in column 4. Submit supporting schedules showing invoice numbers, date of each, amount of each, a subtotal of charges during each month of the quarter, and the grand total for the quarter. Indicate the name and rank or rate in each case opposite invoices covering items procured to clothe the remains of deceased personnel.

Line 9—Other charges (List separately by types of transactions).—Under this title, miscellaneous appropriational charges, not specified on lines 1 to 8 next above, shall be reported in summary on lines 9 (1) to 9 (11), inclusive, and classified as indicated hereunder. All pertinent data shall be disclosed on a single line, or adjacent lines, when practicable. In the event of inadequate space, subsidiary schedules displaying the required data shall be attached. The charges occurring most frequently and which are to be reported separately on the lines under this heading are:

(1) *Specific BuMed requisitions.*—Insert the amounts applicable in columns 2, 3, and 4, supported, if necessary, by a subsidiary schedule containing the following information:

(a) The number of each specific BuMed requisition under which public vouchers have been drawn during the quarter.

(b) The number of each public voucher, dated within the quarter, drawn under each specific requisition.

(c) The net amount of each public voucher.

Whenever material or services, chargeable to the appropriation "Medical Department, Navy" are delivered to a medical department activity, and a copy of the liquidating public voucher has not been furnished, a copy of the document, irrespective of type, accomplished upon receipt of the material or

services shall be submitted with NavMed-B and the requisition and contract numbers under which the purchase was made shall be recorded on NavMed-B. Refer to articles 1124-2, 3, and 4 (b) (2), BuS&A manual and to chapter 20 paragraph 3023 (d) (5), Manual of the Medical Department (1938 edition).

(2) *Bureau work requests, accomplished under NOy contracts as a charge to the appropriation "Medical Department, Navy."*—Report the total in column 4 and distribute the applicable amounts in columns 2 and 3. Support the total reported by a subsidiary schedule containing the following information:

(a) BuMed work request number.

(b) NOy contract number.

(c) Number of each public voucher dated within the quarter drawn by a public works officer under the appropriation "Medical Department, Navy."

(d) The net amount paid on each public voucher drawn.

(3) *U. S. M. C. Invoices (QM-24).*—Report on separate line the total of such invoices in column 4 and distribute the total amount in columns 1, 2, and 3, as may be appropriate. Submit supporting schedules prepared in the manner outlined under NSA provisions in the instructions pertaining to column 1, line 1, table 2. Purchases account (APA) to the local supply officer by the Bureau of Supplies and Accounts, care must be exercised to avoid recording the charges a second time in the medical department accounting records and reports when the APA stub to cover is accomplished and furnished to the supply officer.

(4) *Commissionary store invoices.*—Report on a separate line the total of such invoices in column (4) and distribute the total amount in columns 1, 2, and 3 as may be appropriate. Items of special diet are to be included in column 1. Submit a supporting schedule prepared in the manner prescribed for reporting NSA provisions under column (1) of line 1, table 2.

(5) *Coffee from naval clothing depot, Brooklyn, N. Y.*—Report on a separate line the total amount of such invoices in columns (1) and (4). Submit a supporting schedule prepared in the manner prescribed for NSA provisions in column (1) of line 1, table 2.

(6) *Estimated cost of transportation of remains.*—Report on a separate line the total estimated cost of such transportation for the quarter in columns (2) and (4). Submit a supporting schedule showing for each case.

(a) Bill of lading or Navy transportation request No.

(b) Full name of deceased.

(c) Rank or rate of deceased.

(d) Estimated cost of transportation.

The value of public vouchers for cash advanced to an escort, covering only the cost of the transfer of the remains of deceased personnel from a pier to a railroad station or from one railroad station to another railroad station or pier in the same locality, is chargeable to the appropriation "Medical Department, Navy" and should be taken into the accounting records and should be reflected on this report supported by the following schedule:

(1) Disbursing officer's P. V. No.

(2) Bu Voucher P. V. No.

(3) Name and rate of deceased.

(4) Amount.

Do not include estimated cost of corpse escort transportation and subsistence as these items are not chargeable to funds under the cognizance of this Bureau.

(7) *United States Coast Guard invoices.*—Report on a separate line and in the same manner as outlined under U. S. M. C. invoices, line 9 (3) above.

(8) *Other appropriational charges not specifically mentioned previously.*—Identify and report on a separate line the charges under each category. The total shall be recorded in column (4) and distributed in columns 1, 2, and 3 as may be appropriate. The number of the requisition and the inclusive or other identifying numbers of the public vouchers shall be reported for each category, either on the NavMed-B or on a supporting schedule.

Examples of the transactions to be reported in this section are ice and laundry services which are procured at certain naval hospitals under an annual or monthly naval stock fund requisition and contract. Charges for these services are liquidated by public vouchers drawn directly under the appropriation "Medical Department, Navy." In such cases the charges for each service will be reported on a separate line under the respective headings of "Ice" and "Laundry Service" and the requisition and public vouchers identified on the form or in a supporting schedule.

(9) *Adjustment to correct previous reports.*—Whenever possible the Bureau clears erroneous NavMed-B subject to adjustment in a future report and advises the activity concerned of the adjustments to be made. Such adjustments shall be reported in this section of the form and adjustments applicable to each category of transactions shall be reported on a separate line and the amounts distributed by columns as may be appropriate.

Line 10—Totals.—Report the totals of line 1 through 9 in the respective columns. The sum of the totals of columns (1), (2), and (3) should equal the total of column (4). The total of column (4) should equal the total expenditure reported in column (1), line 7 of table 1, and the total of column (2) of table 4.

TABLE 3.—*Analysis of supply depot allotment transactions*

(1) *Section (A)—Supply depot allotment transaction completed during current quarter.*—Insert: In the first column, in numerical sequence, the requisition number of each priced invoice (NavMed-4) covering material received during the quarter; in the second column, the date the material or the date the priced invoice was received, whichever was the later; and in the third column the money value of each invoice. The total of the third column must agree with the amount reported on line 7, column 2 of table 1, and with the total receipts reported in table 5.

(2) *Section (B)—Requisitions submitted (transactions not completed).*—Insert: In the first column, in numerical sequence, the number of each supply depot requisition outstanding at the close of the quarter; in the second column, the date of each outstanding requisition; and in the third column the estimated cost of each outstanding requisition. The total of the third column must agree with the amount reported on line 8, column 2 of table 1.

In the event that the material (supplies or equipment) covered by a requisition reported as outstanding has been received, but the priced invoice (NavMed-4) has not been received, such requisitions shall be indicated by an asterisk. In such cases the following notation shall be typed on the invoices (NavMed-4) prior to distribution of the copies:

Material received _____
 (Date)

Priced invoice received _____
 (Date)

TABLE 4.—*Analysis of appropriational allotment expenditures and obligations by objects and subheads*

Column (1).—Insert in strict numerical sequence only those objects and subhead symbols under which expenditures have been made and obligations incurred during the reporting period.

Column (2).—Report by objects and subheads actual expenditures chargeable to the medical department allotment being reported on. The totals of this column should agree with the amounts reported on line 7, column 1 of table 1 and with the total expenditures reported on line 10, column 4 of table 2.

Column (3).—Report by object and subhead all obligations against the medical department allotment being reported on, which are unliquidated as at the close of the reporting period. The totals of this column should equal the amount reported on line 8, column 1 of table 1.

Column (4).—Report by object and subhead the totals of the expenditures and obligations reported in columns (2) and (3). The totals of this column should equal the sum of the amounts reported on lines 7 and 8, column 1 of table 1.

Recapitulation by classes of materials and services.

Services.—Report in the respective columns the sum of the amounts reported in the detailed analysis opposite objects 01 to 07, inclusive, and the subheads thereunder.

Supplies.—Report in the respective columns the sum of the amounts reported in the detailed analysis opposite object 08 and the subheads thereunder.

Equipment.—Report in the respective columns the sum of the amounts reported in the detailed analysis opposite object 09 and subheads thereunder.

Land and buildings.—Report in the respective columns the sum of the amounts reported in the detailed analysis opposite object 10 and the subheads thereunder. Obligations and expenditures other than those included in the approved annual estimates shall not be reported thereunder unless specifically authorized by the Bureau. The total of each column of the recapitulation must agree with the total of the respective column of the detailed analysis of obligations and expenditures by objects and subheads.

TABLE 5.—*Analysis of Supply Depot Allotment Expenditures by Subhead and Supply Catalog Classes*

Distribute the amount reported on line 7, column 2, of table 1, by Medical Department Supply Catalog classes and appropriational subheads and by property classifications as indicated in the table. This information should be available in the medical supply depot allotment control records of each activity.

The total receipts reported in this table must agree with the amount reported on line 7, column 2, of table 1 and with the total amount reported in section (A) of table 3.

(c) Ships and stations which have not been granted an allotment under the appropriation, "Medical Department, Navy," but which have been incurred expenses or obligated funds under the authority of annual or a specific requisition approved by this Bureau, or by the senior officer present in emergency, shall report such expenditures and obligations in the following manner:

Table 1.—Column 1.

Line 5.—Insert the amount of any obligation incurred which had not been liquidated at the close of the previous quarter.

Line 7.—Insert the amount expended during the quarter. This amount shall be appropriately reflected in tables 2 and 4, in accordance with instructions hereinbefore contained.

Line 8.—Insert the amount of any obligations incurred which have not been liquidated as at the last day of the current quarter. No other lines under column 1 of table 1 shall be used by ships and stations which have not been granted an allotment under the appropriation, "Medical Department, Navy."

(f) The cost of civilian medical, dental, and hospital services procured by ships and stations, whether with or without allotments, will be charged to a special medical department allotment maintained in the Bureau of Medicine and Surgery. Charges for such service shall be reported in a separate NavMed-B as modified herein. The following additional data shall be typed on these special NavMed-B immediately above table 1, status of allotments: "Special NavMed-B—Chargeable to a special allotment maintained in BuMed." Insert "BuMed" instead of allotment number, in column 1, line 1, table 1. These expenditures and obligations shall be reported in the proper columns of the applicable tables and shall be classified by object and subhead in table 4. A copy of the paid public voucher or vouchers drawn during the quarter in payment for these services shall be obtained from the disbursing officer and shall be securely attached to the special NavMed-B. The sum of the individual vouchers must agree with the total expenditures reported in tables 1, 2, and 4.

(g) A schedule of material received by medical department activities ashore and invoiced as appropriation purchases account (APA) material under title 6-L and the appropriation, "Medical Department, Navy," shall be prepared in the following form and submitted with NavMed-B quarterly and upon decommissioning:

Schedule of APA material (title 6-L) received under the appropriation, "Medical Department, Navy" during the quarter ended _____:

(a) Chargeable to the appropriation, "Medical Department, Navy."

(1) Invoice No.	(2) Date received	(3) Requisition or contract No. under which purchased	(4) Quarter in which reported on NavMed-B	(5) Invoice value
Total invoiced value APA material chargeable to the appropriation "Medical Department, Navy" \$ _____				

(b) Not chargeable to the appropriation "Medical Department, Navy." Taken up as transfer vouchers received.

(1) Invoice No.	(2) Date received	(3) Quantity invoiced	(4) Item description	(5) Unit	(6) Invoice value
Total invoiced value APA material NOT chargeable to the appropriation "Medical Department, Navy" and taken up as transfer vouchers received \$ _____					

Section (a) of the schedule shall include only material actually charged to the appropriation "Medical Department, Navy" and shall identify specifically the BuMed, or other requisition, and/or the contract, or the bureau work request number under which procured. The total invoice value reported in section (b) shall agree with analysis (5) of NavMed-E submitted by shore stations, and with the applicable amounts reported in the statement of receipts by transfer, by appropriations and other sources, submitted by naval hospitals.

NOTE: Sample of form NavMed-B available on request.

44-2—Malaria Indoctrination of Personnel Departing for Malarious Areas

P2-3/P3-1(012-41); 4 Jan. 1944

To: BuPers, MarCorps, ComNavNaw, ComOne, Three, Four, Five, Eight, Ten, Eleven, Twelve.

Ref.: (a) OP-30P2-ler (SC) P2-3/FF20 Doc. 101152, Serial 0836030 of 8 Dec. 1943.

1. In compliance with reference (a), malaria-training manuals and posters have been obtained in sufficient quantities to have all personnel, destined for malarious areas overseas, instructed in those phases of malaria control pertaining to personnel, particularly in the value of personal protection against mosquitoes.

2. To make effective the experience gained in the South Pacific, instruction of this type must be on a continuing basis. All addressees are requested, therefore, to initiate indoctrination of all subject personnel and to require certification when this has been accomplished.

3. The Bureau of Medicine and Surgery considers malaria-indoctrination organization and uniformity of instruction of paramount importance and recommends that addressee commands appoint a senior malaria-indoctrination officer, preferably a qualified staff medical officer, to establish and supervise the district or area indoctrination program. Such senior malaria-indoctrination officers should designate qualified local malaria-indoctrination officers in all commands where personnel are in training for, or awaiting assignment to, duty in malarious areas; they should maintain a roster of their respective indoctrination officers by unit address, distribute educational material and report organization outline, instruction personnel, and progress to BuMed via addressee commands. The Bureau of Medicine and Surgery further recommends that this duty be considered as additional to present assignment.

4. The following brochures and posters have been procured in sufficient quantity for present needs, and 75 percent additional for future use, for distribution to addressees for further distribution within their commands to meet local requirements as indicated below:

(A) Prevention of Malaria in Military and Naval Forces in the South Pacific (NavMed-141)—one for each medical officer.

(B) Military Malaria Control in the Field (NavMed-142)—one for each officer.

(C) Malaria Mosquitoes and Man (NavMed-143)—one for each man.

(D) Malaria posters (3)—for general distribution at all personnel assembly depots.—*Ross T McIntire*.

**44-3—Marine Corps Personnel Brought Before Boards of Medical Survey,
Disposition in Cases With Disciplinary Action Pending**

P3-5/P13-9(111); 5 Jan. 1944

To: NavHospitals (all types—Continental).

1. The Commandant, United States Marine Corps, has requested that when Marine Corps patients in whose cases disciplinary action is pending, are physically and mentally fit, they be discharged to duty and transferred to the nearest Marine Barracks to await instructions from headquarters, Marine Corps, regarding the disciplinary action to be taken or discharge recommended by the Board of Medical Survey.

2. Each man so transferred shall be reported to Headquarters, United States Marine Corps, Washington, D. C., immediately by letter, giving his full name, rank, service number, and the name of the Marine Barracks or other station to which transferred. If more than one man is reported in a letter, there should be sufficient copies of that letter to permit placing a copy thereof in the record of each man named therein.

3. The above procedure is intended to apply only in those cases where disciplinary action is pending and to make no change in existing instructions in other cases.—*Ross T McIntire.*

44-8—Transfer of Naval and Marine Corps Patients to Veterans' Administration Facilities

P3-2/HE(021); 11 Jan. 1944

To: NavHosp (all types—Continental).

Ref.: (a) BuMed P3-2/HE(021) and PuPers (Pers-10-LC over P3-1) Joint Letter, 27 Jul. 1943.

(b) USMC and BuMed Letter of Instruction No. 516, 19 Aug. 1943.

(c) BuMed P3-2/HE(021), 28 Aug. 1943.

1. The following paragraphs are quoted from a letter just received by the Bureau from the Administrator of Veterans' Affairs, Veterans' Administration, Washington, D. C., relative to the transfer of Navy and Marine Corps patients to Veterans' Administration facilities, for your information and guidance.

I am confident you are cognizant of the necessity for the prompt transfer of patients in naval hospitals to our facilities after the Medical Director has designated the proper Veterans' Administration facility for the reception of the individual patient, so as to permit us to utilize the reserved beds for these and other beneficiaries to the fullest advantage, since many of our facilities are maintaining waiting lists of applicants for hospitalization.

Although it is recognized some difficulties are being experienced in arranging for railway accommodations, it is believed there should be a definite time limit placed by Veterans' Administration facilities in the reservation of beds for the reception of patients discharged from naval hospitals, and that a 30-day time limit for holding allocated beds would be equitable.

Accordingly, effective January 15, 1944, Medical Form 2834—Designation of hospital for patients of armed forces—when returned to the commanding officers of the naval hospital requesting the designation, will carry a statement in all classes of patients, i. e., general, tuberculous and neuropsychiatric, that a bed will be reserved at the designated Veterans' Administration facility for a period of 30 days from date.

If it is determined after the designation of the facility has been received by the commanding officer of the naval hospital, that the transfer of the patient will not be made, the manager of the designated Veterans' Administration facility should be advised and a copy of the communication to the manager be forwarded to the medical director, Veterans' Administration, Washington, D. C., for his information and necessary action. In the event it will not be possible to complete the

transfer within the 30-day limit, request should be made by the commanding officer to the medical director for the redesignation of a hospital for the reception of the patient, referring to previous correspondence in the individual case.—*Ross T McIntire.*

44-12—Notification of Recommendation for Discharge for Physical Disability of Enlisted Personnel of the United States Marine Corps

P3-5/P19-1(034-42); 21 Jan. 1944

To : NavHosp (all types—Continental).

1. The Commandant, United States Marine Corps, has requested that when a Board of Medical Survey recommends that an enlisted man of the United States Marine Corps be discharged for physical disability, the commanding officer of the Marine Corps unit in which his service record and accounts are carried be notified of this recommendation. This is desired in order that the Marine Corps commanding officer may initiate action to insure that the man's records and accounts are in such form as will permit discharge immediately upon receipt of orders from headquarters.

2. It is directed that Marine Corps commanding officers concerned be notified as requested. This notification may be in the form of a memorandum, letter, or if more convenient, a copy of the Report of Medical Survey.—*Ross T McIntire.*

44-15—Instruction, Rating and Assignment: Hospital Corps Personnel

P11-1/MM(012); 24 Jan. 1944

To : NavHosp (all types—Continental).

Refs. : (a) Catalog of HC Schools and Courses.
 (b) BuPers Cir Ltr. 297-44.

1. For the convenience of addressees the following condensation and summary of previously issued instructions on subject are herewith supplied. Instructions contained in previous communications from this Bureau in conflict with the instructions contained in this letter are hereby canceled.

2. All HC personnel received by NavHosp for orientation courses or ward training will be in one of the following categories:

Category	Status	Rates	Received from—	Length of—	
				Orientation course	Ward training
A	USN; USNR.	PhM3c to CPhM(AA). USN; USNR.	Recruiting stations Recruit training stations.	4 weeks..... .....do.....	
B	USN; USNR.	HA2c; HA1c; PhM3c.	H C S.....		3 weeks.
C	USN; USNR.	HA2c; HA1c; PhM3c.	Forces afloat.....	4 weeks.....	3 weeks.
D	USN; USNR.	HA2c; HA1c; PhM3c.	H C S (WR).....		
E ¹	USNR (WR).	HA2c; HA1c; PhM3c.	Recruit training stations (WR).	4 weeks.....	3 weeks.
F ²	USNR (WR).	HA2c.....	Various naval activities.	.....do.....	
G ²	USNR (WR).	HA2c; HA1c; PhM3c.			

¹ Effective 14 Feb. 1944.

² Applies to USNavHosp, San Diego, and USNavHosp, St. Albans, *only*, and this letter does not modify instructions contained in BuMed ltr A18-1/EN (122-41) dated 4 Dec 1943 to these activities.

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3. All personnel in categories A, B, and D will receive the following orientation course (75 hours—minimum) supplemented by actual ward duty:

Subject	Hours	Course outline
Anatomy and physiology.....	8	Ref. (a), p. 35 (AP1).
Hygiene and sanitation.....	6	Ref. (a), p. 53 (HS1).
First aid and minor surgery.....	10	Ref. (a), p. 56 (MSFA1).
Materia medica.....	4	Ref. (a), p. 55 (MMT1).
Metrology.....	2	Tables of weights and measures percentage; stock solutions.
Nursing.....	45	Ref. (a), p. 59 (MB1).

4. NavHospitals will advise the Bureau, 2 weeks prior to completion of the orientation course, the date when instruction will be completed, and also the names, rates (and advancements, if any) and special qualifications of personnel in categories A, B, and D.

5. All personnel in categories C and E will receive the 3 weeks specified period of actual ward training and will not be considered available for transfer or other assignment until such minimum training has been completed.

6. All personnel in category E received by NavHospitals will be in a duty status, and will, in such initial assignment, release an enlisted man for duty afloat.

7. Upon completion of the prescribed orientation course in the instance of all HC personnel in categories A, B, D, F, and G, this Bureau will recommend to BuPers the initial assignment of such personnel, after which further assignment may be made by district commandants.

8. Appropriate advancements in rating in the instance of personnel in categories A, B, D, F, and G, not above pharmacist's mate, third class, shall be effected by MedOfCom under authority of reference (b) without reference to the Bureau.

9. Recommendations for advancements in rating to pharmacist's mate, second class, will be forwarded to BuPers via BuMed in accordance with paragraph 10 of reference (b).

10. By authority of the Secretary of the Navy, 1 copy of the Handbook of the Hospital Corps, United States Navy, 1939, shall be issued by NavHospitals to each member of the Hospital Corps, class V-6 and V-10, USNR, and also to other HC personnel receiving the basic orientation course, and such copy of the Handbook of the Hospital Corps shall be retained by such personnel. Copies of the Handbook of the Hospital Corps, United States Navy, so issued, shall be accounted for as directed in BuMed Ltr. AN-1 ENIO (061-36), 3 Mar. 1942. By direction of the Chief.—W. J. C. Agnew.

44-16—Control of Streptococcal Diseases

P2-2/NN(103); 26 Jan. 1944

To: All ships and stations

1. The Bureau is developing principles for the prevention and control of diseases susceptible to sulfonamide prophylaxis by the use of sulfadiazine. This

program is being instituted at several of the larger naval activities and although preliminary reports of the program are quite favorable, the method has not been standardized at the present time. Large-scale prophylaxis therefore is contra-indicated.

2. In order to control the program it is directed that no naval activity institute a sulfonamide prophylaxis program for any purpose without prior approval of this Bureau.—*Ross T McIntire*.

44-18—Medical Stores, Narcotics, Safeguarding of

Restricted. JJ57/L4(042); 28 Jan. 1944

To: All Ships and Stations.

Ref.: (a) Arts 1194 and 1218, Navy Regulations.
(b) Par. 12B22, MMD.
(c) Art. 194, Treasury Department, Bureau of Narcotics, regulations No. 8, 6-1-38.

1. Losses of morphine syrettes from the medical kits maintained at dispersed locations have been reported.

2. The necessity for providing widely dispersed medical stores, including narcotics, ready for immediate use in the treatment of combat casualties, in ships traveling through, and at bases located in combat areas is imperative. The risk of pilfering and misapplication of narcotics, both from the viewpoint of destroying preparations made and diversion into illegal use, is great, but is considered necessary.

3. Every effort should be made to safeguard medical stores, particularly narcotics, which are provided for treatment of battle casualties, and to insure the material will be available when required. The following measures are recommended:

(a) Daily inspection, and verification of contents.

(b) Placing responsibility for the security of dispersed kits upon division officers, petty officers, sentries, or personnel constantly in the vicinity, so far as is practicable.

(c) Removing kits to a secure place prior to entering port outside active combat areas, and redistribution after departure.

(d) Use of seals. Sealing does not prevent pilfering, but tends to deter "curious" tampering.

(e) Indoctrination of personnel as to the importance of the security of medical stores dispersed for combat casualty treatment, and the fact that injured personnel may be unable to obtain adequate treatment if necessary medical stores are not available at the several locations.

4. Since reference (c) may not be available, it is quoted, and followed by a list of Bureau of Narcotic district office addresses:

Art. 194: Procedure in Case of Loss: Where, through breakage of the container or other accident, otherwise than in transit, narcotics are lost or destroyed, the person having title thereto shall make affidavit as to the kinds and quantities of narcotics lost or destroyed and the circumstances involved, and immediately forward the affidavit to the

narcotic district supervisor. A copy of such affidavit shall be retained and filed with the other narcotic records. See appendix for list of narcotic district supervisors, their headquarters, and States embraced.

Where narcotics are lost by theft, or otherwise lost or destroyed in transit, the consignee shall immediately upon ascertainment of the occurrence file with the narcotic district supervisor a sworn statement of the facts, including a list of the narcotics stolen, lost, or destroyed, and documentary evidence that the local authorities were notified. A copy of the sworn statement shall be retained and filed with the other narcotic records of the consignee.

A loss in transit does not authorize a vendor to duplicate a shipment on the same order form. A separate order form covering each and every shipment of narcotics is required.

List of Bureau of Narcotics District Office Addresses

<i>Address</i>	<i>States Included</i>
Supervisor, First Narcotic District, 1120 Post Office Bldg., Boston 9, Mass.	Connecticut, Maine, Massachusetts, New Hampshire, and Vermont.
Supervisor, Second Narcotic Dis- trict, 253 Broadway, Room 200, New York 7, N. Y.	New York, and Fifth Internal Rev- enue District of New Jersey.
Supervisor, Third Narcotic District, 1304 Gimbel Bldg., Philadelphia 7, Pa.	Delaware, New Jersey, and Pennsyl- vania (except the Fifth Internal Revenue District).
Supervisor, Fifth Narcotic District, 417 Munsey Bldg., Baltimore 2, Md.	District of Columbia, Maryland, North Carolina, Virginia, and West Virginia.
Supervisor, Sixth Narcotic District, 501 Ten Forsyth Street Bldg., At- lanta 3, Ga.	Alabama, Florida, Georgia, and South Carolina.
Supervisor, Seventh Narcotic Dis- trict, 418 Federal Bldg. (P. O. Box 587), Louisville, Ky.	Kentucky and Tennessee.
Supervisor, Eighth Narcotic District, 802 Federal Bldg., Detroit 26, Mich.	Michigan and Ohio.
Supervisor, Ninth Narcotic District, 817 New Post Office Bldg., Chi- cago 7, Ill.	Illinois, Indiana, and Wisconsin.
Supervisor, Tenth Narcotic District, 717 Federal Office Bldg. (P. O. Box 4090), Houston 14, Tex.	Louisiana, Mississippi, and Texas.
Supervisor, Eleventh Narcotic Dis- trict, 743 United States Court- house Bldg., Kansas City 6, Mo.	Arkansas, Kansas, Missouri, and Oklahoma.
Supervisor, Twelfth Narcotic Dis- trict, 130 Federal Office Bldg., Minneapolis 1, Minn.	Iowa, Mississippi, Nebraska, North Dakota, and South Dakota.

Address

Supervisor, Thirteenth Narcotic District, 100 United States Customhouse, Denver 2, Colo.

Supervisor, Fourteenth Narcotic District, 1028 Empire Hotel Bldg., San Francisco 2, Calif.

Supervisor, Fifteenth Narcotic District, 311 United States Court-house Bldg., Seattle 4, Wash.

Supervisor, Sixteenth Narcotic District, 575 Alexander Young Bldg. (P. O. Box 3285), Honolulu 1, Hawaii.

5. Any losses of narcotics shall be reported to BuMed, and to the nearest Bureau of Narcotics office, as required by reference (c).—*Ross T McIntire.*

States Included

Colorado, New Mexico, Utah, and Wyoming.

Arizona, California, and Nevada.

Idaho, Montana, Oregon, Washington, and Territory of Alaska.

Territory of Hawaii.

**44-20—Malaria Indoctrination of Personnel Departing for Malarious Areas,
Re: Delivery and Distribution of Training Manuals and Posters**

P2-3/P3-1(012-41), 7 Feb. 1944

To: BuPers

MarCorps

ComNavNaw

ComOne, Three, Four, Five, Eight, Ten, Eleven, Twelve

Ref.: (a) BuMed ltr. P2-3/P3-1(012-41), 4 Jan. 1944.

1. Paragraph 4 of reference indicates the following malaria training manuals and posters to be used in the subject indoctrination program:

(A) Prevention of Malaria in Military and Naval Forces in the South Pacific (NavMed 141)—one for each medical officer.

(B) Military Malaria Control in the Field (NavMed 142)—one for each officer.

(C) Malaria Mosquitos and Man (NavMed 143)—one for each man.

(D) Malaria posters (3)—for general distribution at all personnel assembly depots.

2. Manual (A) (above par.) has been distributed to each medical officer by BuMed. Requests for such additional copies of this manual as required should be made to this bureau.

3. Items (B), (C), and (D) of paragraph 1, have been delivered to addressees for distribution to affected subordinate commands, therefore, replenishment supply of these items should be requested from the appropriate addressee headquarters.

4. As qualified above it is suggested that subordinate commands be notified to submit requisitions, for required material, to affected command addressees.—*Ross T McIntire.*

44-30—Medical Stores, Solicitation and Acceptance of From Civilian Agencies*P3-2/L24 (011-41); 17 Feb. 1944***To:** All ships and stations

- Ref.:** (a) BuMed ltr. JJ57/HJ (013-42), 4 Oct. 1943.
(b) SecTreasury ltr. 24 Nov. 1942, to SecNav.
(c) SecNav ltr. JAG : J : HJM : amp, S06-3013, 2 Jul. 1943, to BuMed.

1. The Bureau has been informed of several instances in which commanding officers and medical officers have requested and accepted medical stores from civilian agencies. Solicitation of services or material from civilian agencies or individuals is not approved, except as authorized by reference (a).

2. The Second War Powers Act, approved 27 March 1942, authorizes acceptance or rejection of voluntary donations by the Secretary of the Treasury, and specifies the conditions under which such gifts may be accepted and reports to be made. The Secretary of the Treasury has authorized the Secretary of the Navy to act for him in certain instances, reference (b). SecNav has in turn delegated authority to accept donations of items of minor value to the Chief, BuMed, and required periodic reporting of donations accepted, reference (c).

3. In view of the foregoing, donations of medical stores or other services and materials by civilian agencies or individuals may not be accepted by ships and stations except as authorized by reference (a) or otherwise specifically authorized. Civilian agencies or individuals desiring to donate medical stores to the Navy should be advised to communicate with the Bureau of Medicine and Surgery, stating the name of the prospective donor, a description of the items offered, the quantity, and the approximate value.—*Ross T McIntire.*

44-35—Establishment of Branch Offices by the Veterans' Administration in the Nine Army Service Command Areas to Act on Pension Claims of World War II Veterans*P3-5/P19-1 (034-42), 26 Feb. 1944***To:** NavHosp (All types—Continental)

- Ref.:** (a) BuMed ltr. P3-5/P19-1 (034), 27 Apr. 1943.
(b) BuMed & BuPers Joint Letter, 27 Jul 1943.
(c) United States Marine Corps Letter of Instruction No. 516, 19 Aug. 1943.
(d) BuMed ltr. P3-2/HE (021), 23 Aug. 1943.

1. With a view to expediting action on claims for pensions submitted by disabled veterans of the present war, the Veterans' Administration is making arrangements for establishing a branch office in each of the nine army service command areas.

2. According to information received from the administrator of veterans affairs, it will be the function of these nine branch offices to adjudicate all claims for disability pensions filed by World War II veterans who are discharged by reason of physical disability and who apply for pensions at the time of discharge. It is anticipated that with these nine branch offices in operation and the procedure now in effect for assembling and forwarding the required records as directed in paragraph 1 of reference (a), the lapse of time between

the date of discharge and the date of payment of pension will be materially reduced.

3. After these branch offices have been established and begin operations, the pension claims and records enumerated in paragraph 1 of reference (a) shall be forwarded to the Veterans' Administration branch office for the area of the army service command in which the naval hospital concerned is located instead of being forwarded to the nearest Veterans' Administration regional office.

4. Due to delays incident to negotiating for space, etc., for the branch offices, it will not be possible to open all nine offices at the same date. However, arrangements have been made to open seven of the nine offices on 1 March 1944. Therefore, the change in procedure will become effective on 1 March for those "naval" hospitals located within the following army service command areas.

Army Service Command Areas

No. I. Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island.

No. II. New York, New Jersey, Delaware.

No. V. Indiana, Ohio, Kentucky, West Virginia.

No. VI. Illinois, Wisconsin, Michigan.

No. VII. North Dakota, South Dakota, Wyoming, Colorado, Nebraska, Kansas, Minnesota, Iowa, Missouri.

No. VIII. New Mexico, Texas, Oklahoma, Arkansas, Louisiana.

No. IX. Washington, Oregon, Idaho, Nevada, Montana, California, Utah, Arizona.

Veterans' Administration Branch Offices

Veterans' Administration Area Office
No. 1, 17 Court St., Boston 8, Mass.

Veterans' Administration Area Office
No. 2, 120 Wall St., New York 5, N. Y.

Veterans' Administration Area Office
No. 5, 8 East Chestnut St., Columbus 15, Ohio.

Veterans' Administration Area Office
No. 6, United States Customhouse, Chicago 7, Ill.

Veterans' Administration Area Office
No. 7, Old United States Customhouse, St. Louis 1, Mo.

Veterans' Administration Area Office
No. 8, 1000 Main St., Dallas 2, Tex.

Veterans' Administration Area Office
No. 9, 140 Montgomery St., San Francisco 4, Calif.

5. When arrangements for opening the Veterans' Administration branch offices in the Army Service Command Areas Nos. 3 and 4 have been completed, the hospitals concerned will be advised accordingly. In the meantime, these hospitals will continue to forward the pension claims and records to the nearest Veterans' Administration regional office or facility having regional office activities in accordance with the instructions in reference (a).

6. Records of patients transferred to Veterans' Administration facilities for further treatment should continue to accompany the patients in accordance with the instructions in references (b), (c), and (d).

7. The plan for establishing Veterans' Administration units in naval hospitals for the purpose of adjudicating claims for pensions filed by enlisted men discharged from the service by reason of physical disability, and the unit which has already been established at the Naval Hospital, Great Lakes, will be discontinued.—*Ross T McIntire*.

JOINT LETTER: BUMED—MARCORPS**44-37—Plan and Procedure for Elimination of Recruits Unfit for Service by Reason of Psychiatric or Neurologic Handicaps, at Marine Recruit Depots**

P3-1/P19-1(123)'40; 29 Feb. 1944

To : MarBks, Parris Island, S. C.
MarCorps Base, San Diego, Calif.
Camp Lejeune, New River, N. C.

- Ref. : (a) MGC ltr. 18 Sept. 1941, 1500-120.
over 1500-10 over AU-271-emc, to MB, Parris Island, S. C.
(b) MGC ltr. 18 Sept. 1941, 1500-120.
over 1500-10 over AU-271-emc, to MCB, San Diego, Calif.
(c) MC-115948 14 Sept. 1943 to Camp Lejeune, New River, N. C.
(d) MGC ltr. 9 Jan. 1942, 1500-120.
over 1500-10 over AU-112-emc, to MCB, San Diego, Calif., and
MB, Parris Island, S. C.

Encl. : (A) Standard form to be used for the reports of aptitude boards.

1. References (a) (b), (c), and (d) are superseded by this letter.
2. The commanding generals of the above activities shall have as a part of their medical organization a psychiatric unit consisting of psychiatrists, psychologists, hospital corpsmen, and Red Cross psychiatric social workers. This unit shall function in connection with the detection and elimination of psychiatrically and neurologically unfit recruits.
3. The senior medical officers of the commands shall be charged with the responsibility of organizing the following plan and maintaining it in operation.
4. Functions of various members of the psychiatric unit:
 - (a) The psychiatrist shall conduct the psychiatric examinations of the recruits and shall be charged with the responsibility of coordinating the work of the other members of this unit. Decisions within the unit as to disposition of cases rest, solely with the psychiatrist.
 - (b) The psychologist functions as an adjunct to the psychiatrist and shall, upon the psychiatrist's request, perform whatever tests are indicated. He shall not act independently of the psychiatrist.
 - (c) The hospital corpsmen shall perform the duties necessary for the maintenance of the psychiatric observation ward (v. i.), and shall also keep the records of the unit, including the records of the transactions of the aptitude board (v. i.).
 - (d) The Red Cross psychiatric social worker is supplied by the American Red Cross, and shall be detailed to the psychiatric unit for the sole purpose of service in connection with the unit. Her function shall be to obtain data pertaining to the life histories of recruits suspected of psychiatric or neurologic handicaps. In addition, she shall act as liaison agent between the Marine Corps and the civilian community in arranging for any necessary aid to recruits who have been rejected on psychiatric or neurologic grounds.

Red Cross social service data may be embodied in the report of the aptitude board, but the source must remain unidentified.

5. Psychiatric examination of recruits:

(a) The term "recruit" applies to all newly-enlisted or inducted personnel without previous Marine Corps Service and who are undergoing and have not completed recruit (boot) training.

(b) Each recruit shall be examined by the psychiatrist. This examination shall be conducted as a part of the initial physical examination, and shall be brief (from 3 to 5 minutes), so as not to interfere with the routine procedure to which the incoming recruit is subjected. If indicated, the psychiatrist shall request a preliminary psychological examination at this point.

(c) A recruit suspected of psychiatric or neurologic handicaps shall be disposed of in one of two ways:

(1) The more obvious and seriously handicapped cases shall be sent to the psychiatric observation ward for further observation. Should there be any doubt as to a recruit's fitness for service, he (she) should be given the benefit of a trial at duty.

(2) Recruits with less obvious or serious handicaps or about whose fitness for service there is any doubt should be observed under drill and training conditions by assignment to a regular recruit company with the understanding that the psychiatrist shall have an opportunity for further examination of the recruit if he deems it necessary.

(d) A recruit may be referred to the psychiatric unit for examination and observation at any time during his (her) training period at the station.

6. The psychiatric observation ward:

(a) The senior medical officer shall put at the disposal of the psychiatric unit sufficient bed space for the proper observation and care of those recruits who are deemed by the psychiatrist to need such observation. These facilities shall not amount to less than 35 beds per thousand incoming recruits per month, except on stations where past experience has demonstrated that this is not proportionate to the actual need. The senior medical officer shall also arrange for proper space and equipment for the administrative functions of the unit as well as space to insure the conduct of the preliminary psychiatric examinations in such a manner that the conversation between the examiner and the recruit will not be overheard. Without privacy, the recruit will not react freely enough to enable the psychiatrist or psychologist to make a satisfactory examination.

7. Disposal of recruits regarded as having psychiatric or neurologic handicaps:

(a) If a recruit is regarded as definitely unfit for the service by reason of psychiatric or neurologic handicaps, the psychiatrist shall dispose of the case in one of two ways:

(1) If the recruit is suffering from a psychopathological condition rendering him (her) dangerous to self or to others (as for instance in cases of manifestly suicidal patients, actively hallucinated individuals, or certain cases of demonstrable central nervous system damage) he (she) shall be admitted to a naval hospital for disposition by medical survey.

(2) Where such serious handicaps do not exist, the recruit shall be brought before the aptitude board.

8. Composition and function of the aptitude board:

(a) The aptitude board will be permanently convened by the commanding generals of the above activities, and will consist of one line officer (lieutenant colonel or a major), a medical officer of the regular service, two medical officers (regular or reserve, who qualify as psychiatrists), and one psychologist (regular or reserve.) In an emergency where sufficient personnel is not available, the board shall consist of not less than one line officer (lieutenant colonel or a major), one medical officer of the regular service and one medical officer who is qualified as a psychiatrist.

(b) It is the function of the aptitude board to consider the cases of recruits who are referred to it by the psychiatric unit. After weighing the medical evidence submitted by the unit, the Board may recommend to the commanding general that the recruit be discharged from the service, or be returned to duty. No recruit shall be recommended for discharge from the service until he (she) has appeared in person before the aptitude board and been informed of the proposed action.

(c) It shall be understood that the functions of the aptitude board are distinct from that of the psychiatric unit. The aptitude board exists solely for the purpose set forth in paragraph 8 (b). The psychiatric unit is a professional advisory and consultant organization to which psychiatric problems arising among the recruits shall be referred and which is charged with the responsibility of selecting cases for review by the aptitude board.

9. Forms to be used by the aptitude board:

(a) The attached sample form headed, "Report of Aptitude Board," shall be used for reporting the findings and the action taken by the aptitude board. Care shall be taken to record briefly as much pertinent detail as possible. This report is of the greatest importance, both from the point of view of administration, and as a basis for scientific research. Forms will not be provided by the Bureaus.

(b) When the aptitude board recommends a recruit's discharge, the commanding general will review the report. If he approves the report, he is hereby authorized to discharge the recruit at once without waiting for authority from this headquarters. If he disapproves the report, the individual will be returned to duty. The action of the commanding general will be final.

(c) If the commanding general approves the report of the aptitude board, the report shall be forwarded to the Bureau of Medicine and Surgery and a copy placed in the individual's service record.

10. The recruit discharged upon recommendation of the aptitude board will be discharged for reason of "Unsuitability for Marine Corps Service," and will be issued certificate of discharge, Form 258, on which reference shall be made to this letter. The certificate shall bear the notation "not recommended for reenlistment." It is not desired that a recruit be given a character lower than "good," solely because discharge is being effected by reason of unsuitability based on the recommendation of the "Aptitude Board." The determining factor should be the recruit's conduct since enlistment or induction into the Marine Corps Service; however, when a character below "good" is warranted, it is authorized. If a character below "good" is given, the reason therefor shall be stated in the service record book. The cause and authority for discharge shall be entered in the recruit's service record book.

11. A man discharged in accordance with the preceding paragraph is entitled to travel allowance to the place of acceptance for enlistment; place

from which ordered to active duty; or location of local draft board when first reported for delivery to induction station. (Article 25-186, MCM in the case of Reservists; article 25-181, MCM in the case of regulars.) All outer garments of uniform, clothing and blankets will be recovered from enlisted men and civilian clothing will be furnished as provided in article 3-30, MCM. (See Letter of Instruction No. 631, par. 3).

12. A member of the Women's Reserve discharged in accordance with paragraph 10, is entitled to travel allowance to the place from which ordered to active duty, in accordance with article 25-186, MCM. Disposition of uniforms in the case of members of the MCWR is outlined in Letters of Instruction No. 631 and No. 681.

13. The commanding general's orders to the paymaster shall state thereon the reason for discharge, and a report of the action taken in each case in which discharge is involved, including the date discharge is effected, will be made immediately to the Commandant of the Marine Corps.—*A. A. Vandegrift—Ross T McIntire.*

Enclosure (A)

Board's impression:

Board's conclusions and recommendations:

The general qualifications of _____ do not warrant his (her) retention in the service. If discharged, he (she) will not be a menace to self or to others. The condition existed prior to enlistment and has not been aggravated by service. It is recommended that discharge be by reason of "unsuitability for Marine Corps service," under honorable conditions, character as warranted by the individual's Marine Corps record. Statement was (not) offered in rebuttal.

----- U. S. N.

First Endorsement

From: The commandant or commanding officer.

To: The Bureau of Medicine and Surgery.

1. Forwarded.

2. Subject has this date been discharged from the United States Marine Corps by reason of "unsuitability for Marine Corps service," under honorable conditions; character_____. His attention has been invited to the selective service law regarding registration.

----- U. S. N.

Report of Aptitude Board (Navy Personnel)

Place _____ Date _____

From : The aptitude board.

To : The commandant or commanding officer.

Subj: Report of aptitude for the Marine Corps service of

(Name in full, service No., rank)

(Class)

Born _____ Place _____ Date _____

Enlisted

or inducted _____ Place _____ Date _____

Total service _____ Navy _____ Marine Corps _____ Army _____

Reason for referral _____

Personal history _____

Company commander's report _____

Psychologist's report _____

Psychiatrist's report _____

JOINT LETTER: BuMed-BuPers**44-38—Physical Examinations for Officers Assigned to Duty Outside the Continental Limits****P2-5/OO(021), 1 Mar. 1944****To : All ships and stations**

1. In order that forces afloat and foreign stations may have some assurance that officers assigned to them from shore duty within the continental limits are physically qualified for their new duties, the following procedure is established:

(a) All officers who have not had a complete physical examination within the 6 months prior to their date of detachment for duty outside the continental limits, or have not had corrected any correctible conditions previously noted, will be given a complete physical examination prior to detachment. This examination will not be conducted if the time required will prevent detachment of the officer concerned within the limit provided in the wording of his orders. A flight physical examination will be given to aviators.

(b) The results of such examinations will be entered in the officer's health record. Should defects be discovered which are considered sufficient to impair the officer's ability to perform the duties to which he is being assigned, the medical officer will report the findings to the commanding officer, who will immediately notify the Bureau of Naval Personnel, making appropriate recommendations. The findings will be forwarded to the Bureau of Medicine and Surgery on NavMed Y, except that, in the case of aviators who are found

unfit, or a change in their service group is indicated, NavMed AV-1 will be used.

(c) Officers who have had a physical examination within 6 months of their date of detachment and have had all correctible defects corrected need not be given a physical examination.

2. The above procedure is adopted in an attempt to relieve forces afloat of the burden of correcting defects which could and should have been corrected prior to the officer's departure from the continental limits. For the purposes of this examination, defects which were waived in the case of reserve officers at the time of original appointment will not be considered disqualifying unless substantial changes in the defects have occurred.

3. It is incumbent on all officers to maintain themselves in the highest practicable state of physical fitness for duty at all times. To this end it is important that known correctible defects be repaired at the earliest opportunity after their existence is known. Such corrections as change in compensation for vision defects and dental work should normally have been accomplished prior to receipt of orders to duty outside the continental limits, by officers who are eligible for such duty.—*L. Sheldon, Jr.—L. E. Denfeld.*

44-40—Dysenteries—Diagnosis and Treatment

P3-2/P3-1(112); 6 Mar. 1944

To: All ships and stations.

Ref.: (a) "Notes on Tropical and Exotic Diseases of Naval Importance," United States Naval Medical School, National Naval Medical Center, Bethesda, Md. (Aug. 1943.)

(b) BuMed ltr. P3-2/P3-1(112), 18 Nov. 1942.

1. Reference (b) is herewith canceled.
2. Attention of all medical officers is invited to reference (a). This pamphlet contains in condensed form the latest ideas and instructions concerning diagnosis and treatment of tropical diseases. The intention of this letter is to invite particular attention to the dysenteries frequently or commonly incident to troop operations in tropical countries.

3. In order to reduce the occurrence of diarrhea and dysentery aboard ship and among troops operating on shore, it is of utmost importance that medical officers diagnose these diseases promptly and correctly, and apply the curative remedies now available.

4. Laboratory means of diagnosis of both bacillary and amoebic dysentery are often not available on ships or in combat zones ashore. It therefore frequently becomes necessary to make the diagnosis on epidemiological and clinical features, and by the use of specific drugs. For this purpose it is particularly important to keep in mind and observe the following features:

(a) Bacillary dysentery is by far more common than amoebic dysentery. Even in areas where dysenteries and diarrheas are very common, less than 10 percent are of amoebic origin.

(b) Bacillary dysentery is epidemic; amoebic dysentery sporadic. Whenever an epidemic of dysentery or diarrhea breaks out, it should be assumed that it is of bacillary, rather than amoebic, origin. Under conditions of very gross fecal pollution of food or water, the frequency of amoebic dysen-

terry may, however, approach epidemic proportions, but this is rare. Outbreaks of so-called food poisoning caused by the *Salmonella* and other groups of organisms must be kept in mind, but they are usually readily recognized on their diagnostic relation to the ingestion of the infected food.

(c) Bacillary dysentery, when severe, is a prostrating disease associated with high fever, leukocytosis, and severe toxic effects. Amoebic dysentery, on the other hand, even though severe with 15 to 20 bowel movements a day, is usually a "walking dysentery" associated with relatively mild constitutional symptoms.

(d) The stools of bacillary dysentery are mostly sero-sanguineous pus with albuminous odor, while the stools of amoebic dysentery consist of a foul-smelling mixture of feces, blood, and brownish, jelly-like mucus.

(e) Should the above features not appear sufficiently diagnostic, the therapeutic test by emetine should be resorted to without delay or hesitancy. Emetine hydrochloride, 0.06 gram (1 grain), should be given subcutaneously on 2 successive days. If amoebic in nature, there will be a striking improvement within 24 to 48 hours so very apparent to both the patient and medical officer that its recognition can hardly be overlooked. For practical purposes, no exceptions to this diagnostic effect of emetine need to be considered.

5. Effective and curative remedies for both bacillary and amoebic dysentery are now available.

(a) Bacillary dysentery.

(1) Sulfadiazine is the drug of choice, with sulfathiazole as second. The initial dose of both of these drugs is 2.0 grams (30 grains), followed by 1.0 gram (15 grains) every 6 hours until symptoms subside, or until two successive stool cultures are negative. The Flexner strain of organism responds so well to the above drugs in the dosage indicated that not infrequently the above-recommended dose can be reduced to one-half. Occasionally some cases, especially those due to the Sonne strain, develop a resistance to all of the sulfonamides with the exception of sulfasuxidine. If response is poor after the fourth or fifth days' treatment with other sulfonamides, a change to sulfasuxidine is indicated. While taking these drugs it is important that an adequate water intake be maintained to prevent kidney damage.

(2) Sulfaguanidine was formerly recommended for treatment of bacillary dysentery, but subsequent studies have shown it to be so insoluble that nine-tenths of the drug passes unchanged through the bowel in crystalline form.

(3) In severe cases, fluid intravenously is usually required to relieve dehydration. Plasma or blood should not be given until dehydration is completely relieved.

(4) Antitoxic serum for Shiga infections is now available on the Supply Catalog, Medical Department, United States Navy. It is monovalent and should be used only when the *Shiga* bacillus (*Shigella dysenteriae*) has been shown to be the etiological agent. Dose: 40-80 cubic centimeters repeated daily until the toxemia and dysentery abate. It may be given intramuscularly into the buttocks or intravenously. If the latter route is used, serum should be given slowly in 500 cubic centimeters of normal saline.

(5) To relieve the abdominal pain and insure rest, camphorated tincture of opium, codeine, or morphine should be given.

(6) Vitamins, particularly B and C, should be given freely to replace the loss incident to the disease, to hasten recovery, and to strengthen resistance against recurrences.

(b) Amoebic dysentery.

(1) Give emetine hydrochloride, 0.06 gram (1 grain), subcutaneously once a day for 5 days.

(2) Beginning on third day of the emetine therapy, give carbarsone, 0.25 gram, by mouth 3 times a day for 7 days.

(3) After an interval of 7 days, give vioform, 0.25 gram, or pulvis chiniofoni (yatren), 1 gram (15 grains), by mouth 3 times a day for 7 days.

Note 1.—When no gastro-intestinal irritation or other toxic effects of these drugs develop, the interval between the courses may be shortened or eliminated.

Note 2.—Diodoquin (Searle) now appears in the Army Medical Supply Catalog, but as yet has not been placed on the Supply Catalog, Medical Department, United States Navy. It is related chemically to vioform. When vioform or pulvis chiniofoni (yatren) is not available, diodoquin can be substituted for these drugs following the first course of carbarsone, and the second course of carbarsone can be omitted. When used to replace vioform or yatren give diodoquin, 0.6 gram (9 grains), 3 times a day for 20 days.

(c) Amoebic abscess.

(1) In the presence of amoebic dysentery, amoebic abscess of the liver must be kept in mind. With typical symptoms this complication can usually be readily recognized but frequently the clinical picture is obscure, with such indefinite symptoms as a run-down condition, loss of weight, some fever, and perhaps slight pain over the liver.

(2) Emetine is a specific for amoebic abscess. Give emetine hydrochloride, 0.06 gram (1 grain), subcutaneously daily for 8 to 10 days. If necessary and if toxic effects (chiefly myocardial damage) do not preclude, repeat at intervals of 15 to 20 days. When 6 doses of emetine have been given, start treatment for eradication of the parasite in the intestines by means of carbarsone and vioform as outlined.

(3) Aspiration may be required for large abscesses; open operation must be the last resort.—*Ross T McIntire.*

44-42—Veterans' Administration Representatives To Be Assigned to Naval Hospitals for Duty in Connection With Veterans' Affairs

P3-5/P19-1(034-42), 10 Mar. 1944

To : NavHosp (All Types—Continental).

Ref.: (a) BuMed ltr. P3-5/P19-1(034) 27 Apr. 1943.

1. The administrator of veterans' affairs has instructed the managers of field offices, where claims are adjudicated, to assign a Veterans' Administration full-time contact representative to each naval hospital where the disability discharges number 100 or more a month.

2. These Veterans' Administration representatives will advise veterans, whose discharge has been recommended by Boards of Medical Survey, of their rights and benefits under the laws administered by the Veterans' Administration, assist them in the filing of their claims, and cooperate with the hospital personnel in securing and transmitting the required papers and records, as indicated in paragraph (1) of reference (a), to the branch offices authorized to adjudicate the claims.

3. It is not contemplated that these Veterans' Administration representatives will replace any Navy or American Red Cross personnel, who are now advising and assisting veterans in the preparation and submission of their

claims, handling of records incident thereto, or performing other functions in connection with their discharge from the service. The Veterans' Administration representative will simply supplement the present force and assist in coordinating the activities of all concerned, in order to expedite the service.

4. Where the number of discharges is less than 100 a month, the managers of the Veterans' Administration field offices have been instructed to maintain the necessary liaison with naval hospitals by means of contact representatives who will visit the hospitals as often as may be necessary to assure the utmost cooperation with the Navy and Red Cross officials, and other assisting veterans in obtaining all rights and benefits due them. In addition, the contact representatives will advise and counsel with the naval hospital authorities with the view to assisting them in matters pertaining to the Veterans' Administration and to assure prompt preparation and transmission of records necessary for the adjudication of veterans' claims.

5. It is the desire of the Bureau that the naval hospitals provide the necessary office space and cooperate with the Veterans' Administration contact representatives in every way possible to expedite action on veterans' claims for pensions and other Federal benefits.—*Ross T McIntire*.

44-43—Procedure for the Preparation and Submission of Medical Records and Reports of Army Patients in Oversea Navy Medical Units and Navy Patients in Oversea Army Medical Units

P3-5/QA (012) ; 10 Mar. 1944

To: All ships and stations

Ref.: (a) BuMed ltr. P3-2/NH(054-42), 23 July 1943

1. The following procedure is prescribed for the preparation and submission of the medical records and reports concerning hospitalization of Army patients in oversea Navy medical units and Navy patients in oversea Army medical units and modifies the instructions in paragraph 6 of reference (a) accordingly.

A. Records required

a. Emergency Medical Tag, United States Army (Medical Department, U. S. A. Form 52b) ; or Navy Field Diagnosis Tag.

b. Field Medical Record (Medical Department, United States Army Form 52c) ; or Navy Health Record Medical History Sheet (NavMed H-8) which shall be headed in every case with the following data :

- (1) Name in full, last name first.
- (2) Serial number.
- (3) Grade or rate.
- (4) Company, regiment, arm or service (infantry, field artillery, etc.), division, Army (1st, 2d, 3d, etc.) or naval unit to which regularly attached.
- (5) Date of birth.
- (6) Race (white, negro, etc.).
- (7) State or country in which born.
- (8) Length of service.
- (9) Source of admission.

c. Death certificate in case of death, either the Navy or Army standard form.

B. Preparation of records

a. The Emergency Medical Tag (Form 52b) is used by aid stations and dispensaries of the Army to identify the individual and to record diagnosis, treatment, and disposition of the patient. The Navy field diagnosis tag is used for the same purpose by medical units of Navy and Marine Corps organizations in combat operations. These forms may be used interchangeably for either Army or Navy patients. When a patient is received by either of these tags it signifies that he has been transferred to the medical unit concerned. Upon arrival of such patients for hospitalization the medical records mentioned in paragraph A-b shall be opened and the tag mentioned above will be retained and transmitted with those records. When patients of either service are received at medical installations without this tag, the medical record mentioned in paragraph A-b will be opened as the initial record of the case. Either the Field Medical Record (Form 52c) or the Navy Medical History Sheet (NavMed H-8) prepared in accordance with instructions in paragraph A-b will be used.

b. When patients are received from other hospitals the medical records as received shall be continued.

c. Death certificates (NavMed N), or the corresponding Army form, shall be prepared in each case of death of patients of either service in the medical installations of the other. The forms shall be prepared in accordance with the printed instructions on the form or as indicated by the form. A clear impression of the right index finger on each copy of death certificate of deceased Navy and Marine Corps personnel is desirable. If print is of any other finger, state which finger.

C. Disposition of records

a. Army patients in naval medical units.

(1) *Transfer as patients.*—All medical records mentioned in this circular to accompany the patient.

(2) *Discharge to duty.*—All medical records mentioned in this circular will accompany the patient to the Army unit to which the individual is transferred upon discharge. The medical officer of the Army unit concerned will dispose of these medical records in accordance with current instructions of the War Department or local Army command for the disposition of medical records of patients returned to duty.

(3) *Deaths of Army patients in naval medical units.*—Death certificates and all other medical records mentioned in this circular will be delivered to an Army unit for disposition in accordance with current instructions of the War Department or local Army command for the disposition of records of deceased Army personnel. In the event this procedure is not feasible, the death certificate and all other medical records should be forwarded direct to the Surgeon General's office, War Department, Washington 25, D. C.

b. Navy and Marine Corps patients in Army medical units.

(1) *Transfers as patients.*—Same procedure as for Army patients in naval medical units.

(2) *Discharged to duty.*—All medical records mentioned in this circular will accompany the patient to the Navy or Marine Corps unit to which the individual is transferred upon discharge. The medical officer of the Navy or Marine Corps unit concerned will enter on the medical abstract sheet of the individual's health record the date of admission, the diagnosis, the date of discharge, and the number of sick days for the disability for which

hospitalized. A resume of the case may be entered on the medical history sheet of the health record. The medical records as received from the Army medical unit will then be forwarded to the Bureau of Medicine and Surgery, Navy Department, Washington 25, D. C. Neither NavMed Fa card nor any other report of such cases is required, nor will such cases be included in the NavMed F (smooth) of any naval medical unit. In case the Navy or Marine Corps records of the individual are not available in the unit receiving him and he is to be retained in that unit, the records will be requested from the Navy unit to which regularly attached. If the individual is to be returned to the unit to which regularly attached, a medical abstract sheet shall be prepared as indicated above and forwarded with the individual.

(3) Deaths of Navy or Marine Corps patients in Army medical units.

(a) Dispatch notification of death to the Navy or Marine Corps organization to which regularly attached, stating name in full, grade or rating, and corps, service number in case of enlisted personnel, if available, date of death and cause of death.

(b) Navy or Army death certificate and all other medical records should be forwarded direct to the Bureau of Medicine and Surgery, Navy Department, Washington 25, D. C.

D. *Notification of direct admissions and transfers.*—When a Navy patient is admitted to an Army installation by a direct admission, the nearest naval authority will be notified of such admission, giving date of admission, name, grade, and serial number, diagnosis, and prognosis. Whenever a Navy patient is to be transferred from an Army medical installation to another, the transferring Army installation will notify the nearest naval authority of the pending transfer, giving name, grade, and serial number, diagnosis, prognosis, date originally received, proposed date of transfer, and name of installation to which transfer will be made. A similar procedure will be followed by the naval installation to the Army when an Army patient is admitted to a naval installation by direct admission or is to be transferred from one naval installation to another.

E. *Administrative records.*—The service record, pay accounts, and other administrative records of Navy and Marine Corps patients under treatment in Army medical installations will be handled by Navy as outlined in article 1203, United States Navy Regulations, or as may be prescribed by the force or area commander. Such records of Army personnel in Navy medical installations will be handled by the Army in accordance with existing War Department regulations or as may be prescribed by the theater commander.

2. A directive similar to the foregoing will be issued by the War Department.—*Ross T McIntire.*

**44-44—Establishment of Branch Offices by the Veterans' Administration
in the Army Service Command Areas to Act on Pension Claims
of World War II Veterans**

P3-5/P19-1(034-42); 14 Mar. 1944

To: NavHosp

Ref.: (a) BuMed ltr. P3-5/P19-1(034), 27 Apr. 1943.

(b) BuMed ltr. P3-5/P19-1(034-42), 26 Feb. 1944.

1. Reference (a) directed that when an enlisted man is discharged from the Naval service by reason of physical disability and desires to submit an

application for a pension, the following records shall be prepared immediately and forwarded to the nearest Veterans' Administration regional office or facility having regional office activities.

(a) Application for pension (Veterans' Administration Form 526).

(b) A typewritten or photostatic copy of the descriptive sheet in his health record (NavMed H-2).

(c) A typewritten (carbon) copy of his medical record.

(d) A copy of the Board of Medical Survey (NavMed M).

(e) A statement showing the type of discharge issued whether honorable or otherwise.

2. Reference (b) announced the opening of Veterans' Administration branch offices as of 1 Mar. 1944 in Army Service Command Areas Nos. I, II, V, VI, VII, VIII, and IX, for the purpose of acting on pension claims submitted by World War II veterans discharged by reason of physical disability who apply for pensions at the time of discharge, and directed that the naval hospitals located within these seven Army Service Command Areas forward the pension claims and records listed in paragraph 1 of reference (a) to the respective Veterans' Administration branch offices instead of to the nearest Veterans' Administration regional office or facility having regional office activities.

3. According to information just received from the Administrator of Veterans' Affairs, Veterans' Administration branch offices will be opened in Army Service Command Areas Nos. III and IV on 15 Mar. 1944. It is, therefore, directed that following receipt of this letter the pension claims accompanied by the required records be forwarded by the naval hospitals located within these two Army Service Command Areas to the respective Veterans' Administration regional offices as indicated below.

Army Service Command III: District of Columbia, Maryland, Pennsylvania, Virginia.

Army Service Command IV: Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, Tennessee.

Veterans' Administration Area Office No. 3: 10 North Calvert St., Baltimore 2, Md.

Veterans' Administration Area Office No. 4; 20 Houston St. NE., Atlanta 3, Ga.

Ross T McIntire.

JOINT LETTER: BuMed. BuPers

44-45—Tests Used in the Selection and Classification of Student Naval Aviators and Student Naval Aviation Pilots

BuMed A21/A11(073-42); Pers-364-DJ, ON/23, 15 Mar. 1944

To: Naval officer procurement and branch offices.

Ref: (a) NACSB Cir. Ltr. No. 72-43, 8 Jun. 1943.

(b) BuPers Procurement Directive No. 114-43, 28 Sept. 1943.

1. This joint BuMed-BuPer directive is promulgated to clarify cognizance over tests employed in the selection and classification of naval aviation personnel.

2. Enclosure (A) of reference (a) states: "By agreement of the Bureaus concerned, the development and administration of tests employed in the selection or classification of Naval aviation personnel, and the development

of related studies employing the services of H (S) psychologists are under the cognizance of the Bureau of Medicine and Surgery."

3. Reference (b) established Class V-5 Processing sections in certain DNOPs (NACSB) and ONOPs (NACSB) and included detailed instructions for administering certain Naval aviation personnel selection tests, formerly known as the fine screen test (ACT and MCT) and biographical inventory (BI).

4. Effective upon receipt of this directive the initial flight physical examination shall include the ACT, MCT, and BI, all of which, as an integral part of this examination, shall be under the direct cognizance of the senior flight surgeon or aviation medical examiner responsible for initial flight physical examinations.

5. Where it may be desirable to administer the fine screen test (ACT and MCT) at branch offices to which no flight surgeon or aviation medical examiner is assigned, the senior medical officer will be responsible for the administration of the tests. In such instances the answer sheets will be forwarded with other papers to the ONOP where processing is to be completed.

6. This directive shall not preclude the delegation of the administration and scoring of these tests to properly trained personnel provided the medical officer concerned assumes full responsibility for the security of the tests and the correctness with which all procedures are carried out.

7. BuMed will issue a detailed directive, for the guidance of cognizant medical officers at all offices and branch offices of naval officer procurement, relative to the administration, scoring and reporting of naval aviation personnel selection tests.

8. Scores for all men processed at ONOPs shall continue to be entered on BuPers forms in accordance with reference (b).—*Ross T McIntire—L. E. Denfeld.*

JOINT LETTER: BUMED, MARCORPS

44-46—Disposition of Enlisted Men of the Marine Corps Disabled in Line of Duty

P3-5/KK (012-44); 16 Mar. 1944

To : NavHospitals and MarCorps Activities (Continental).

Ref.: (a) MarCorps Letter of Instruction No. 422, 14 May 1943.

1. Reference (a) is superseded by the provisions of this letter. (Paragraph 7 rewritten.)

2. So long as the provisions of Public Law 337 (77th Cong.) (55 Stat. 799; 34 U. S. C. 186) approved 13 December 1941, remain in effect, enlisted men of the Marine Corps and Marine Corps Reserve who have become disabled for general service by conditions originating in the line of duty, which under peacetime conditions would lead to their separation from the service, may be retained for the convenience of the government and assigned to duty commensurate with their physical disabilities under the following conditions which must be determined for each case:

(a) The man's services are desired, and his record is favorable.

(b) Disability is of such a nature as not to interfere with his performing useful duty.

- (c) Retention on active duty is not likely to aggravate the disability.
3. Boards of medical survey will include in their reports a statement covering the following:
- (a) Whether the individual's disability is of such a nature as to interfere with his performing useful duty;
 - (b) Whether his retention would be likely to result in aggravation of his disability;
 - (c) Outline the limits of duty of which the individual is capable;
 - (d) Provided he is not desired by the Marine Corps; recommend his discharge from the service.
4. Medical surveys recommending "discharge or limited duty," sent to this headquarters via the Bureau of Medicine and Surgery, should include man's statement expressing his preference for either assignment to limited duty or discharge.
5. Men retained under this authority shall be eligible for promotion.
6. Men in the Regular Marine Corps so held shall be eligible for transfer to the Fleet Marine Corps Reserve upon completion of required service.
7. Men retained for limited duty under these instructions will not be permitted to reenlist or extend their enlistments unless, upon physical examination, they are found qualified for general service, and their reenlistments or extensions of enlistment are authorized by AlNav 155-1941, as modified by AlNav 2-1942.
8. Men so retained shall be brought before a board of medical survey for report and recommendation should they be unable to carry on the duties for which they have been retained, and likewise when their services are no longer required.
9. A man so retained may be reexamined on his own request or at any time that it may appear he has recovered from his disability, with a view to determining his fitness for all duties. If found physically qualified he shall be returned to general service upon approval of the Commandant of the Marine Corps.—*Ross T McIntire—A. A. Vandegrift.*

44-47—Treatment of Rheumatic Fever Patients

P16-3/P3-2 (063), 17 Mar. 1944

To: AlStasCon.

- Refs.: (a) AlNav #47, 6 Mar. 1944.
(b) BuPers Naval Message 041914, Mar. 1944.
(c) BuMed ltr. P16-3/P3-2 (063), 3 Mar. 1944.
(d) BuMed News Letter, Vo. 2, No. 10, 12 Nov. 1943.
(e) Naval Medical Bulletin, Vol. XLI, No. 5, Sept. 1943, pp. 1324-28.

1. BuMed has made provision for the treatment and convalescence of rheumatic fever patients at the United States Naval Hospital, Corona, California.
2. Reference (a) directed that all frank rheumatic fever patients beyond the continental limits of the United States be transferred, preferably by air transport, to the nearest United States Naval Hospital within the continental limits of the United States at the earliest date compatible with the state of their disease.

3. It is the desire of BuMed that patients suffering with rheumatic fever in naval hospitals be treated according to the following plan:

a. Every effort should be made to establish the diagnosis of rheumatic fever with minimal delay.

b. All patients with rheumatic fever shall be segregated. It is important that these individuals be protected from respiratory tract infections.

c. As soon as the diagnosis of rheumatic fever is established each patient shall receive sodium salicylate. Unless there are contra-indications, a daily oral dose of 10 grams, divided into 6 doses, is advised. The administration of each dose shall be accompanied by 0.6 gram of sodium bicarbonate. (See refs. (d) and (e).)

d. Blood sedimentation rates shall be determined twice weekly and an electrocardiogram made weekly.

e. Complete bed rest is recommended during the acute illness so as to protect the myocardium from physical strain while inflammatory changes are in progress.

f. At the end of 3 weeks most patients treated in this manner should be symptom-free and have normal blood sedimentation rates. If so, at that time they shall be transferred, preferably by air, to the Naval Hospital, Corona, California, for further treatment, convalescence, and disposition.

4. Naval dispensaries have been directed by reference (c) to transfer all rheumatic fever patients to the nearest United States naval hospital at the earliest practicable date.

5. Commandants of naval districts have been authorized by reference (b) to effect transfer of rheumatic fever patients to United States Naval Hospital, Corona, California, upon the recommendations of medical officers in command of naval hospitals without action by a Board of Medical Survey.—*Ross T McIntire.*

JOINT LETTER: BUMED, BUPERS

44-48—Radium Plaque Adaptometer (Night Vision): Distribution; Training Q RPA Operators; Testing Naval Personnel; Instructions and Program With Respect to

RESTRICTED: P2-5/P3-1 (103-51); 22 Mar. 1944

To: All Ships and Stations.

Ref.: (a) VCMO Ltr. to BuPers-BuMed, Op-23-1BH, (SC) P2-3 over serial: 0287923, 14 Jul. 1943.

Encl.: A. Sample form to be used for reporting night vision tests.

B. Revised instructions for operation and maintenance, radium plaque adaptometer, 6 Mar. 1944.

C. Sample form for reporting Q RPA Op.

1. For the convenience of all concerned, previous joint communications on subject from BuPers-BuMed are herein summarized, modified, and elaborated.

2. Continued study of subject instrument and techniques of testing indicates that training in the use of, and testing with, subject instrument is a matter involving professional knowledge and should therefore be carried out under the cognizance of Medical Department personnel.

3. Previous instructions placing training of Hospital Corps personnel under the supervision of directors of training are hereby canceled, and such training made the responsibility of the DMO of the several naval districts or SMO of fleet commands.

4. The testing of all naval personnel with the radium plaque adaptometer will be conducted under the direction of the DMO of the several naval districts and commands, and the SMO of all fleet commands, and will be performed only by Hospital Corps personnel certified as qualified radium plaque adaptometer operators (Q RPA Op.).

5. Activities which have received radium plaque adaptometers are hereby directed to cease testing night vision with the radium plaque adaptometer until Q RPA Op are assigned in the future or trained at such activity, when testing will proceed without specific authorization.

6. Radium plaque adaptometers will be distributed by the medical supply depot, Brooklyn, as follows:

One adaptometer to each of the following type ships now in commission or when commissioned: BB, CB, CA, CL, CV, CVE (ACV), AD, AE, AF, AH, AK AKA, AO, AP, APA, APH, AS, and AV.

One adaptometer to each of the following shore based activities, now established or to be established, continental and extracontinental: Submarine bases, night lookout training tables, amphibious training bases, naval operating bases, naval aid stations, naval hospitals, fleet hospitals, advanced base hospitals, dispensaries, or other Medical Department facilities of 50 bed capacity or larger outside the continental limits of the United States.

DD's and PT tenders.

All operational training bases and schools and armed guard schools. Individual requests for radium plaque adaptometers need not be made by activities covered by the above distribution list.

7. It is desired that districts continue to operate programs for training Q RPA Op, if such have been established, and undertake training within the district if programs in accordance with the principles of this letter can be established in the future.

8. It is directed that all instructions concerning the use of the radium plaque adaptometer, and method of performing tests and scoring, on hand at the date of this letter, be destroyed. Testing and scoring instructions subsequently received will also be destroyed unless marked "Revised Instructions, 6 March 1944" or later date.

9. Technique of testing and method of scoring will hereafter follow instructions contained in enclosure (B), which supersedes all previous instructions on testing technique and scoring and grading procedures.

10. All testing will be based upon the so-called "10-20" technique. Pharmacist RPA technicians attached to districts and commands for subject purpose have been trained in this procedure, and detailed instructions will be found in the *revised "Instructions for Operation and Maintenance—Radium plaque Adaptometer, 6 March 1944."*

11. Entries as "Pass" or "Fail" will be made in the health record and service record of each officer and man tested. Such entries will be made by the local activity. The senior Q RPA Op will report (encl. A) as "Pass" or "Fail," in the instance of each officer and man tested, to (1) the line officer having cognizance of service records, and (2) the senior medical officer, of the activity where night vision tests are performed.

12. Pharmacist RPA technicians will be ordered to ComSerForSubComLant, ComSerForSubComPac, CinCPac, and CinCLant for subject purpose.

13. Pharmacist RPA technicians attached to COTCLant, ComPhibTraLant, ComSubLant, ComAirLant, COTCPac, ComPhibTraPac, ComSubPac, and ComAirPac will be ordered to serve as instructors in subject at the following naval hospitals:

United States Naval Hospital, St. Albans, New York.

United States Naval Hospital, N. O. B., Norfolk, Virginia.

United States Naval Hospital, Charleston, South Carolina.

United States Naval Hospital, San Diego, California.

United States Naval Hospital, Treasure Island, San Francisco, California.

United States Naval Hospital, New Orleans, Louisiana.

United States Naval Hospital, Great Lakes, Illinois.

14. Selected Hospital Corps personnel will receive approximately 10 days' instruction in subject, and medical officers in command, upon completion of such training will indicate such special qualification on NavMed Form HC-3 as "Q RPA Op."

15. District commanders having cognizance over the naval hospitals listed in paragraph 13 are requested to direct the pharmacist RPA technicians attached to the district to select Hospital Corps personnel from among hospital corpsmen attached to naval hospitals and other Medical Department activities within the respective districts, for subject training course.

16. Hospital Corps personnel selected for subject training will not be above the rating of pharmacist's mate, second class, and will not be qualified technicians in any of the Hospital Corps specialties.

17. It is desired that classes of 40 hospital corpsmen per hospital listed in paragraph 13 be selected for each class and ordered to report at 10-day intervals for subject training.

18. Commandants are requested to accept the recommendations of pharmacist RPA technicians with respect to Hospital Corps personnel selected as described in paragraphs 16 and 17 above, and to place such personnel under appropriate orders (forwarding copy of such orders to BuMed) for training at the United States naval hospital in their district. Classes No. 1 and No. 2 will report for training on or about 20 April 1944 and 30 April 1944, and subsequent classes will continue at the rate of 40 hospital corpsmen per class per naval hospital (see paragraph 13) until further notice.

19. Medical officers in command of the naval hospitals listed in paragraph 13 are directed to arrange, upon the recommendation of the pharmacist RPA technician of that district, (1) necessary dark-room facilities (see encl. (B), par. (1), p. 4), and (2) sufficient (50 to 100 men per operator) experimental subjects to facilitate the training of Hospital Corps personnel to qualify them as Q RPA Op.

20. The naval medical supply depot is hereby authorized and directed to deliver 10 radium plaque adaptometers to each of the naval hospitals listed in paragraph 13 above. (Copy of invoice, indicating serial numbers of adaptometers, to be forwarded to district commandant and matériel division, BuMed.)

21. Commandants of the Tenth, Fourteenth, and Fifteenth Naval Districts are requested to direct pharmacist RPA technicians to continue training of hospital corpsmen as Q RPA Op and the subsequent testing of night vision of naval personnel under the command to which they are assigned.

22. It is recommended that the appropriate medical officer of the United States Coast Guard designate 20 pharmacist's mates (U. S. C. G.) for subject training, at the nearest naval hospital listed in paragraph 13 above for Classes No. 2 and No. 4. (See pars. 13, 14, 17, and 18.)

23. Pharmacist RPA technicians will promptly forward to BuMed, copy to DMO (or SMO of fleet commands), reports on all Q RPA Op as soon as qualified for duty (encl. C).

24. Hospital Corps personnel attached to Marine Corps activities will be selected and trained as provided for in paragraphs 15, 16, 17, and 18 above, as directed by commandants.

25. Commanding officers will enter on page 9 of the current service record of each hospital corps man reported qualified, as provided for in paragraph (23) above, the term "Qualified Radium Plaque Adaptometer Operator" (Q RPA Op).

26. BuPers, on recommendation of BuMed, will make available to commandants of continental naval districts and to ComSerForSubComLant and ComSerForSubComPac, for further assignment, Q RAP Op as rapidly as possible.

27. District activities requiring Q RPA Op will request such personnel from their respective district commandants, and fleet activities will request Q RPA Op from ComSerForSubComLant and ComSerForSubComPac.

28. ComSerForSubComLant and ComSerForSubComPac, so far as practicable, will insure that all ships leaving ports after 20 May 1944 include a minimum of one Q RPA Op within the established Hospital Corps complement.

29. Ships' crews will be tested, whenever practicable, while ships are in port.

30. Commandants are requested to issue repeated travel orders to the pharmacist RPA technician of the district to allow freedom of movement within the district, in order to aid in the establishment of testing programs and to supervise the operation of testing programs.

31. Directors of training of each of the several naval districts are directed to provide dark-room facilities (see encl. (B), par. A (1), p. 4) and to arrange schedules for testing night vision of all deck personnel at appropriate activities under their jurisdiction, beginning about 30 Apr. 1944, and continuing at other naval activities as rapidly as Q RPA Op are available.

32. Senior medical officers at all activities in which naval personnel will be tested are directed to make available for this purpose three Q RPA Op per adaptometer for the duration of the local testing period.

33. Q RPA Op will forward, via the senior medical officer, all RPA test score cards (encl. 2) and three copies of the monthly reports (encl. A) to the pharmacist RPA technician for their district.

34. All RPA test score cards will be forwarded to BuMed by pharmacist RPA technicians.

35. Pharmacist RPA technicians are directed to forward monthly reports (encl. 1) (see par. 33 above) of all tests received from Q RPA Op within their district or command to (1) BuMed and (2) DistCom or Command.

36. It is not considered desirable to utilize Hospital Corps WAVES in connection with subject.—*Ross T McIntire—L. E. Denfeld.*

Enclosure (A)

Activity-----

Date-----

REPORT OF NIGHT VISION TESTS

(RADIUM PLAQUE ADAPTOmeter)

For month of ----- 1944

[To be forwarded by pharmacist before 10th day of following month.]

Ref.: (a) BuPers, BuMed joint ltr. P2-5/P3-1 (103-51), BuMed-H-3-CRE; P11-1, Pers-423g, Restr. 22 Mar. 1944.

Name (alpha- betical)	Rank/rate	Ship station	Score	Grade (pass/ fail)	Date tested	Initials (Q RPA Op)
Local activities will duplicate this form						

Grade of each officer and man tested must be entered in (1) service records and (2) health records, by local activity.

Report certified correct by:

----- (Q RPA Op)
 ----- (Q RPA Op)
 ----- (Q RPA Op)

Approved:

(Senior medical officer (local activity))

Serial number of RP Adaptometers used:

No. ----- Charged to -----
 No. ----- Charged to -----
 No. ----- Charged to -----
 No. ----- Charged to -----

SMO will forward three (3) copies to pharm, RPA technician for district or command.

Pharm. RPA technician will initial and forward one (1) copy to BuMed, and one (1) copy to DistCom or Command.

Enclosure (B)

REVISED INSTRUCTIONS FOR OPERATION AND MAINTENANCE—RADIUM PLAQUE ADAPTOmeter

A. GENERAL DESCRIPTION

1. The Radium Plaque Adaptometer is a portable device, entirely self-contained, for the rapid determination of night vision efficiency of personnel.

2. The instrument is housed in an imitation leather covered wooden case, 11 $\frac{1}{4}$ inches by 13 $\frac{1}{4}$ inches by 5 $\frac{1}{16}$ inches, with removable and interchangeable front and back covers. The total weight is approximately 10 pounds. It is delivered in a wooden crate 14 x 17 x 8 inches, weighing 28 pounds gross.

B. DESCRIPTION AND OPERATION OF PARTS

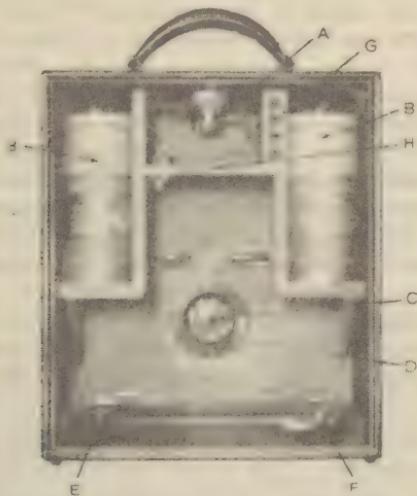
1. The adaptometer consists of five major parts—a fixation object, a luminous plaque with superimposed T a calibrated neutral filter, a shutter, and a control panel for operating the machine.

2. The fixation object is a lighted red cross at the top of the front panel. A flashlight lamp, "A," connected in series to two No 6 dry cells, "B," illuminates the cross and also furnishing light for the control panel through the red filter "H." A switch, located at the top of the control panel operates this light.

3. The sheet steel, door type shutter is pivotally mounted on the front panel. The hinges are spring loaded for convenience and speed of operation. A small lever, "F," located at the base of the control panel on the operator's left, controls the shutter.

4. The neutral filter is hinged in the same manner as the shutter, with the operating lever "F" located in a corresponding position on the operator's right. The shutter must be opened *whenever the filter is operated*, or damage to the filter will result.

5. The luminous plaque is located directly behind the shutter and filter. The entire plaque is turned by a knob, "C," in the center of the control panel. The position of the T on the plaque is indicated by the letter on the knob opposite the indicator pointer on the back panel. Position may be determined by feel, using the projection, "D," on the control knob.



Back view of instrument with battery cover removed

The small lug wrench taped to the floor of the control panel fits the set screw which secures the control knob to its shaft. This screw must be kept tight at all times.

The plaque must never be exposed except in total darkness.—Exposure to light makes the plaque so bright that even a night-blind man can see it easily. If the face of the instrument is opened in the light for inspection or repair, the machine must be left in total darkness for 4 hours before it is used for testing.

C. ADJUSTMENT, REMOVAL, AND REPLACEMENT OF PARTS

1. Should the battery or lamp require replacement because the working light burns out, the battery cover at the back of the instrument must be removed. Six wood screws hold this part in place.

2. The lamp unscrews as any ordinary flashlight lamp does. Spare lamps are provided in the cavities "G" uncovered by removal of the battery cover. This lamp is a standard Mazda No. 13, Navy No. 17-L-6340 (type TB-3).

3. The dry cells may be replaced with any standard No. 6 cells. Series connections are used. Red wires should be attached to the positive (center) terminal of the cells.

4. If the filter holder or the shutter fails to open the full distance when the lever is operated, this can be corrected by adjusting the set screws on the shaft of the filter holder or shutter.

5. In case complete replacement of either filter holder or shutter should become necessary, the front panel must be removed from the instrument assembly. To remove the front panel the entire instrument assembly must be taken from the case. Remove the four wood screws at the corners of the front panel, and pull assembly forward through the front openings of the case. The front panel is held to the assembly by seven wood screws through the back panel. The lower two and the center one can be removed immediately. To reach the others, the battery cover and batteries must be removed as explained in paragraph C-1 above. With the front panel free, the set screws on the shafts of lever controls "E" and "F" should be removed and the shafts can then be withdrawn to release the filter holder or shutter.

6. If it becomes necessary to replace the plaque, it is strongly recommended that the instrument be returned to the naval medical supply depot at Brooklyn, N. Y. If such procedure is not practical and if the proper equipment is available, replacement may be accomplished in the following manner: Remove the assembly from the case in accordance with paragraph 5 above. By then removing the set screws in the control knob, the plaque holder can be pulled through the front opening of the panel. The plaque is held by several spring fingers and cemented in place with shellac. The assembly must be gently warmed to soften the shellac before lifting the plaque. In replacing the plaque the position of the original T must be duplicated so that the position indicator will show the correct position. When the plaque assembly is ready to be placed in the case, care must be taken to lift the positioning lever free of the square positioning cam on the rear of the plaque assembly. This may be easily done by reaching through the opening at the right edge of the instrument assembly between front and back panels with a pencil to support the lever. Replacing the control knob and set screw completes the assembly.

7. If the instrument is not in regular use, the plaque knob should be rotated weekly with abrupt stops in order to prevent the radioactive powder from settling. This stirring up is particularly necessary on shipboard where vibration may aggravate the problem.

8. Care must be exercised that the front and back covers are properly held in place by the catches. These are located in the top of the case directly above the finger holes in the covers. Pressure must be exerted on the catches themselves when closing, or the covers are not fastened.

The instrument should be stored in a horizontal position, face down, when not in use. Aboard ship, some care should be taken to cushion the vibration of the ship against the instrument by placing the instrument on a pillow or folded blanket.

Instructions for Administering the Night Vision Test With the Radium Plaque Adaptometer

Under no circumstances report test results on subjects until you are thoroughly familiar with the procedure, and have tested at least 50 men under the supervision of some one experienced in giving the test.

The purpose of this test is to tell which men are so poor in night vision that they cannot be depended on to stand a good lookout watch at night. These men must be eliminated from the night watch, in the interest of the safety and fighting efficiency of our ships. You must always test with greatest care and conscientiousness, for a great responsibility rests on you. This testing procedure must be followed exactly; otherwise your results will not be dependable, and night-blind men may slip through.

The testing procedure is designed so that each man may be properly tested in the shortest possible time. When the test is given correctly, it runs off smoothly and no unnecessary time is spent in the dark.

This procedure is set up to determine as fast as possible whether or not a man can see at a very low light level. He is given enough trials to make sure of this.

A. EQUIPMENT

The following items essential to successful testing of night vision must be provided by each ship or station using a Navy radium plaque adaptometer.

1. *Darkroom*.—The test must be conducted with the subjects and the adaptometer in a completely dark, light-tight room. If the subjects are to enter or leave the testing room while a test is in progress, a light-trap or double set of doors should be provided so that light never comes into the room. If a light-trap or double doors are not provided, be sure that both the subject's eyes and the radium plaque are protected when the door is opened.

2. *Navy red dark-adaptation goggles*.—Every subject must be properly dark adapted before being tested. This may be done by wearing the navy red-dark adaptation goggles for 20 minutes followed by 10 minutes in the dark. If the adaptation goggles are not available, the subjects may be adapted by spending 30 minutes in the dark. Using these goggles, a large number of men may be adapted at once outside the dark-room. Then as many men as the testing room will conveniently hold may complete their adaptation while men ahead of them are being tested. A close check must be kept to insure that each man spends his full time adapting. A man who is not properly dark-adapted will fail the test.

3. *Chair and chin rest*.—These must be provided to make sure that tests are conducted at the proper distance from the adaptometer. A simple form of chin rest may be made by fastening a 6-inch block of 2-by-4 to the top of the back of the chair. The top of this block should be rounded out and sandpapered smooth. With the chair facing away from the adaptometer and the subject straddling the chair, chin in chin rest, the possibility of his leaning forward is eliminated.

4. *Table and 5-foot measure*.—The fixation cross of the adaptometer should be exactly 5 feet from the chin rest, and close to the level of the subject's eyes. The adaptometer should be placed on a table approximately 3½ feet high, to be at the correct height. To insure that the 5 foot distance is accurately maintained, it should be measured, and the table and chair both secured to the deck if possible.

5. *Test cards.*—The following is a sample of the test card to be used. These may conveniently be mimeographed or printed on a 3- by 5-inch card.

[FRONT]

Name	Rank/rate	PASS
		FAIL
Date	Station	
Time GOGGLES ON		
Time INTO DARK		
Time TEST STARTS		
REMARKS:		
NIGHT VISION TEST. Radium plaque adaptometer.		

[BACK]

Never test unless red goggles on 20 minutes and 10 minutes in total dark, or 30 minutes in total dark, if no goggles available	
R D L U L R D D D R U U L D D R L U L U R	Encircle classification on both sides of card.
D U U L R D L U R L D R U L R D L R U D	Pass: 10/10. 16/20, 17/20. 18/20, 19/20.
L D U R D L U R R U L R U L D D R L U D	Fail: 15/20 or less.
Tested by _____	

The front of the card should be filled out before the subject enters the dark-room; the back is marked during the test. A supply of pencils should be kept with the instrument for the operator's use.

B. TESTING PROCEDURE.

The fundamental testing procedure must be so familiar to you that you can run through it without hesitation. Be sure that you know it thoroughly.

1. Whenever possible give a description of the test to the men before they enter the dark-room. A cardboard mock-up of the adaptometer will be very useful.

2. Before testing make sure that the men to be tested are fully dark-adapted.

3. After the first subject has been in the dark 10 minutes, take your place behind the adaptometer, and remove the front and back covers from the machine. Turn on the fixation and working lamp, make sure that the sub-

ject is in the testing chair and that he has removed his goggles; then begin.

a. Call the man's name from the card. "Is your chin in the chin rest? Do you see the red cross? All through the test look straight at the cross. Remember, keep your eyes on it all the time; don't look anywhere else." Open the shutter and filter and expose the figure at the practice level for several seconds. "Do you see the plane beneath the cross? Which way is it pointing?" Close shutter, change position of T, reopen shutter. "This time?" If the man calls the position of the plane correctly from the start, give four exposures, one each with the plane in the four positions. Be sure to practice ahead of time with the control knob so that positioning the target can be done quickly and accurately. If the man does not answer promptly name the direction of each exposure for him until he recognizes them; then let him start calling them himself. As soon as you are satisfied that the man understands his job and is calling the exposures correctly, close the filter and use the testing level.

b. "All right, we're ready to go. When I say "Ready," the plane will flash on. Each time it appears, tell me which way it is pointing. If you're not sure, play any hunches you have. It's always better to guess than to say you don't know. Don't be afraid of guessing. All right now? Look at the cross! Ready!" Open the shutter, and close it as soon as the subject has answered. Never leave it open longer than 4 to 5 seconds. You will find that a one-second exposure is long enough for most subjects.

c. A good technique to use when a tone of uncertainty appears in the responses is to repeat the man's answers on each trial and add, "That's right, keep trying." This should not interrupt the rhythm of testing. Throughout the test, strongly encourage guessing when the man is slow to answer. Ask him "How about a guess?" or "Any hunch?" Remind him frequently to keep his eyes on the cross. The scoring system has already been designed to include the subject's guesses.

4. Success in testing depends very much on your manner of giving the instructions. The light level is so low that most of the subjects will often feel uncertain and hesitant about responding. A friendly, encouraging manner will give them confidence and help them to respond correctly. An abrupt or impatient manner will provoke many "Don't know's," and may even antagonize the subject. When this happens, the test is surely not valid, for complete cooperation of subject and operator is essential for good results.

The subject should be encouraged to reply quickly. Try to establish an even rhythm of testing—i. e., exposure—reply—exposure—reply. With practice, positioning the target and recording errors will become mechanical and should not disturb this rhythm.

5. Additional rows are supplied in case the subject did not understand your instructions. To mark the cards, simply draw a line through the trial on which a man fails to give the correct answer, whether he gives a wrong reply or says "I don't know." If he changes his mind after answering, always score him on his second reply, whether it is right or wrong. Never open the shutter a second time on the same trial, even though he may ask you to.

6. The actual score is recorded as the number of targets reported correctly out of the total number of trials given. For example, if 14 correct responses are given out of 20 trials, the score is recorded 14/20, and the classification FAIL is encircled.

7. The test procedure is designed to speed up the testing of men by giving each man enough trials to make sure that he should get a particular classification.

First 10 trials.—If all the 10 trials are correct, stop the test. If less than 3 are correct, discard the results and re-instruct the subject until you are sure that he understands the test and that he is really trying. Then begin the test again on the next pair of lines.

8. Grading.

The following scores give a grade of PASS: 10/10, 16/20, 17/20, 18/20, 19/20.

The following scores give a grade of FAIL: 15/20 or less.

The classification which each man receives should be encircled on both sides of his test card.

9. When testing of a group of men has been completed, be sure to turn off the fixation cross, and *replace both covers on the machine before any lights are turned on in the testing room.* This is important to prolong the life of the battery, and to make sure that the plaque is never exposed to light.

10. Short form of instructions: After you have developed your skill in handling the adaptometer and in testing men, you will find that you can shorten the instructions when men are waiting to be tested in the same room as the adaptometer. These men will have heard the test run through, and will have an idea of what they are to do. The instructions may become as brief as: "O. K., (man's name), chin in the chin rest? Remember, keep your eyes on the cross all the time. Which way is the plane pointed? This time?"—etc.

11. Even though these instructions are carefully followed, some subjects will have difficulty with the test. It may be that they did not understand your directions, or that they are not really trying to pass the test. When a man is doing poorly because he does not seem to understand the task, open the shutter and move the filter out of the way. Ask him if he sees the cross and the plane, and explain to him that he must look at the cross all the time. Tell him which way the plane is headed. Tell him that it doesn't move. Give him repeated practice trials, and instruct him over and over until you are sure that he understands the job.

Some of these men will not look at the fixation cross, but will look straight at the plane. If this seems to be the case, open both filter and shutter and tell the man to look back and forth from the cross to the plane. Ask him if he cannot see why you want him to watch the cross—how much clearer the plane stands out when he is looking at the cross. Tell him that he'll be through much sooner if he watches the cross and gives the correct answers. Stress the fact that answering correctly will shorten the test.

Men who are not trying to pass the test are more difficult to handle than the men who fail to understand. It will take all your skill and experience to detect these men and to obtain a correct test score on them. They are more commonly spotted in two ways: First, they often get all their trials correct at the practice level without difficulty, and then say they can't see a thing at all on the test level—not even the lighted area. Second, they give incorrect answers on ALL the trials at the test level. This is almost impossible to do unless they see the plane, since by guessing they are bound to get some right.

When the man is reporting incorrectly on all the trials at the test level, tell him that he can't possibly be wrong all the time, and that he must be able to see the plane. Tell him that he must have misunderstood the instructions and to try again. Then give him a few more trials at the practice level and go on with the test.

When you are sure that the subject has not been trying, always give him an "out," an alibi, so that he can start giving the right answers without having to admit that he was careless. Suggest that he may have his goggles on, or that he was not looking at the cross. Otherwise he will often persist because he is ashamed to have done so poorly.

The operator should do everything in his power to encourage and persuade the subject to passing. It is not difficult for a man with adequate night vision to fail the test through misunderstanding, carelessness, or poor physical condition of a temporary nature. It is impossible, however, for a man who cannot see to guess himself into the PASS category, provided:

1. The plaque has not been exposed to light.
 2. The subject is seated at the proper distance from the machine.
 3. Exposures are never longer than 4-5 seconds.
 4. The operator is careful not to hint the correct answer.
12. The test reports should be entered in health and service records. The following are sample rubber stamps, now in use:

a. Service record

U. S. S.-----

Date -----

Night vision test with radium
plaque adaptometer.

Pass_____ Fail_____

b. Health record

U. S. S.-----

Date -----

Night vision test with radium
plaque adaptometer.

Pass_____ Fail_____

NOTE.—Men who are FAIL should not be used for night lookout duties.

Select lookouts from the PASS group on the basis of other qualifications.

Retest after 6 months.

13. Final Instruction.

Always be careful and conscientious. The results of this test will determine who is and who is not visually qualified to perform night duties. Errors in recording and short cuts not allowed by the instructions may ruin your results.

1. Be careful—follow instructions exactly.
2. Always be sure the plaque has not been exposed to light.
3. Make sure that every man has been fully dark-adapted.

Don't Let a Night Blind Man Stand a Lookout Watch

Enclosure (C)

USNavHosp-----
(Or other activity) ----- (Date)

To: BuMed.

Ref.: (a) BuPers, BuMed joint ltr, P2-5/P3-1 (103-51), BuMed-H-3-CRE; P11-1, Pers-423g-, Restr. dated 22 Mar. 1944.

**REPORT OF QUALIFIED RADIUM PLAQUE ADAPTOMETER
OPERATORS (Q RPA Op)**

Name (alphabetical)	Rate	Service number	Date under training	Date qualified	Initials of pharmacist RPA technician
Local activities will duplicate this form					

Approved:

----- MedOfCom (or SMO)

44-50—Amputations, Policy Concerning

P4-3/NH(082); 29 Mar. 1944

To: All ships and stations.

1. The management of amputations in the Navy under a uniform policy is essential for the proper rehabilitation of these casualties. The United States Naval Hospital, Mare Island, California, and the United States Naval Hospital, Philadelphia, Pennsylvania, have been designated as amputation centers. These hospitals have been specially staffed and equipped for this purpose. It is directed that all naval personnel who have sustained wounds requiring amputation of an extremity be treated according to the principles set forth below and be transferred to the nearest amputation center as soon as possible after amputation has been performed.

2. As a general rule, amputations should not be performed under field conditions. Proper emergency treatment, including control of hemorrhage, chemotherapy, dressing of the wound, and splinting of the part, will usually permit evacuation of the patient to a hospital.

3. The indications for amputation of an extremity following trauma are the irreparable loss of all blood supply, and infection which cannot be controlled by chemotherapy or conservative surgical treatment. Decision to amputate should be reached only after complete evaluation of all features of the case, and, if possible, after consultation.

4. The guillotine or open circular method of amputation should be the procedure in traumatic surgery under war conditions. In this amputation, all viable tissue and maximum bone length are retained without regard to

future prosthetic considerations. The prolonged use of the tourniquet is to be avoided. It is usually practicable to control hemorrhage by elevation of the part and by manual pressure by an assistant. Soft tissues and bone should be sectioned in one plane without long tissue flaps. The main vessels should be seized with large toothed clamps and secured with double transfixion ligatures of chromic catgut. Nerves should be severed cleanly and ligated without manipulation or injection. The wound should be dusted with sulfanilamide or other bacteriostatic agent. Vaseline gauze provides a smooth nonirritating protection for the wound. A large pressure dressing should be applied for control of postoperative bleeding. Transfusion, preferably whole blood, should be given in every case.

5. All guillotine amputation stumps require traction in order to prevent skin retraction and protrusion of bone with resultant delay in healing. It should be applied no later than 48 hours after amputation and should be maintained continuously until the wound is healed. Traction may be applied by adhesive plaster strips, by sponge-rubber strips, or by stockinet secured to the skin by Ace Adherent attached to suitable weights or by fixation to such devices as the Thomas splint.

6. It is essential that traction be maintained during transportation; otherwise, all the benefit of previous treatment may be lost.

7. Practically all guillotine amputation stumps require revision or reamputation. These procedures shall be deferred until arrival at an amputation center.—*Ross T McIntire.*

JOINT LETTER: BuMed—BuPers

44-51—Enlisted Personnel With BuPers Approved Classification for Limited Shore Duty

BuMed P16-3/MM; Pers-6303-DW, P16-3/MM9034; 30 Mar. 1944

To: All Ships and Stations.

1. During the past year the Bureau of Naval Personnel, on recommendation of the Bureau of Medicine and Surgery, has transferred a considerable number of enlisted men with service-connected disabilities to continental shore stations on approved reports of medical survey, and forms NavMed Y, for limited duty on shore.

2. Reexamination after periods of 3 or 6 months ashore were prescribed in many cases, to determine subsequent physical fitness to perform all duties of rating at sea. In many such instances the records do not indicate that reexamination has been made, as directed, and men have been continued on shore duty with mobilization-ashore classification.

3. Various commands have informed the Bureau that some men in this category are found not physically qualified to continue on active duty. In other instances it has been reported that their physical condition and inability to perform useful active duty warrant separation from the naval service.

4. All men retained on active duty with mobilization-ashore classification are chargeable against the complement of the activity to which assigned, and are not permitted to be carried in excess. When men in this category cannot perform the duties of their rating, and are assigned to other duty, request should be submitted to the Bureau for appropriate change of rating.

within the same pay grade. Otherwise, individual activities should report the facts to the district commandant (or administrative command) with a view of transfer to another activity where a vacancy in complement exists.

5. Requests for transfer to other administrative commands should not be forwarded to the Bureau, except in cases where transfer for climatic or physical reasons is recommended by the medical officer, and the forwarding endorsement should so state.

6. Administrative commands, commanding officers, and medical officers should critically appraise the ability of men in this category to perform active duty. Notwithstanding the Bureau's prior classification for limited duty on shore, if in the opinion of the commanding officer the man's physical condition is believed such as to warrant release from active duty, and it is considered he is not rendering useful service in the war efforts, he shall be brought before a board of medical survey, with a view of recommending discharge or release from active duty. Boards of medical survey shall carefully consider all facts in the case and shall include, if applicable, a statement in the survey report as to the man's inability to perform further useful active service as evidenced from actual performance of duties assigned.

7. The Bureau of Naval Personnel has prescribed that enlisted personnel of the Regular Navy with mobilization-ashore classification will not be permitted to reenlist or extend their enlistments but are to be held in an extended enlistment status for the duration of the war, unless sooner discharged by reason of medical survey, or transferred to the Fleet Reserve upon completion of the required service for transfer. When reclassified by the Bureau for all duties, reenlistment or extension is authorized.

8. In order to reduce the number of enlisted men on shore duty, having Bureau approved mobilization-ashore classification, all continental shore activities are directed to reexamine men in this category semiannually (March and September) with a view to reclassification for all duties. Such re-examinations shall include any special examinations as by X-ray or other procedures which may be pertinent to the condition which led to the man being classified for limited duty. Should re-examination confirm prior classification for shore duty only, a report need not be submitted to the Navy Department. Appropriate entries, however, shall be made in service and health records. Should re-examination result in a determination that a man is qualified for all duties, a report of the examination including results of any special examinations which may have been conducted, shall be submitted on NavMed-Y with appropriate recommendations to the Bureau of Medicine and Surgery. Upon receipt of approval of the Bureau of Naval Personnel of reclassification for all duties the men concerned shall be transferred to the nearest receiving ship or receiving station for general detail.

9. The initial semianual examination shall be undertaken upon receipt of this directive.—*Ross T McIntire—L. E. Denfeld.*

44-52—Neuropsychiatric Patients Transferred to the Naval Hospital Bethesda, Md., for Admission to St. Elizabeths Hospital

P3-5/P3-1(054); 30 Mar. 1944

To : NavHosp (NDs One to Nine).

Ref. : (a) BuMed ltr. 13-5/P3-1(054), 22 May 1942.
(b) Par. 16B25, Manual of the Medical Department.

1. Attention is directed to the necessity of exercising proper care in the transfer of psychotic patients from the various naval hospitals to the naval hospital at Bethesda, Maryland, particularly in regard to the following:

(a) Careful inventory of effects should be made on NavMed-G. All valuables, such as jewelry, fountain pens, money, etc., should be listed and placed in the custody of the officer in charge of the patients en route.

(b) Clothing worn by the patients should be carefully examined and they should be deprived of all articles with which they might harm themselves or others.

(c) An extra copy of the current health record entry and of the medical survey in each case should be furnished to the officer in charge of the draft for delivery with the patients to the naval hospital at Bethesda.

2. Attention is also invited to the fact that many neuropsychiatric patients are continuing to arrive at Bethesda on Saturdays and Sundays which is contrary to the instructions in paragraph 6 (a) of reference (a). In some cases, hospitals have failed to send despatches in time for arrangements to be made for an ambulance to meet the incoming train. The instructions in paragraph 6 of reference (a) must be complied with.

3. There has been a growing tendency on the part of some of the hospitals to transfer neuropsychiatric patients to the naval hospital at Bethesda who should be handled locally. It is the desire of the Bureau of Medicine and Surgery that only those patients who are considered to be frank institutional cases or so-called "problem cases" either from a legal or medical standpoint should be transferred to Bethesda. During the last 6 months of 1943, only 72 percent of the neuropsychiatric patients arriving at the naval hospital, Bethesda, were found to be in need of institutional care and transfer to St. Elizabeths Hospital.

4. According to the above figures therefore, the number of noninstitutional cases being transferred to Bethesda is entirely too high. If this continues, the bed capacity of this hospital will be seriously overtaxed.—*Ross T McIntire.*

JOINT LETTER: BUMED, BUPERS

44-53—Life Insurance Claims and Medical Records

P3-5/P19-1(034-42); 30 Mar. 1944

To: All Ships and Stations.

Encls.: (A) Veterans' Administration Insurance Form 357.
(B) Veterans' Administration Insurance Form 579c.
(C) Veterans' Administration Insurance Form 579.
(D) Veterans' Administration Insurance Form 579a.

1. The Administrator of Veterans' Affairs has requested that claims for benefits under the National Service Life Insurance and the United States Government Life Insurance submitted by members of the Navy, Marine Corps, and Coast Guard be accompanied by information relative to the nature, extent, and duration of their disabilities.

2. The claims referred to are those where members of the service on active duty, whose discharge from the service is not contemplated, file claims because of temporary total disability for waiver of premiums under National Service Life Insurance, for payment of benefits under the special additional disability provision of the United States Government Life Insurance, or for

payment of benefits of total and permanent disability under United States Government Life Insurance contracts.

3. In such cases, in addition to the date of entry into active service and other usual identifying data, the Veterans' Administration requires a summary of the medical history including the date of onset of the disability, date placed under treatment, symptoms, subjective and objective, severity and duration of disability, periods rendered unfit for duty, periods of hospitalization, present condition, date of last examination, diagnosis and prognosis. As a general rule, it is believed that a certified transcript of the medical history in the current health record relating to the disability in question will serve the purpose.

4. The Veterans' Administration Insurance Form 357 should be used in making claims for waiver of premiums under National Service Life Insurance, Veterans' Administration Insurance Form 579c in making claims for payment of total disability benefits under the special additional disability provision of United States Government Life Insurance, and Veterans' Administration Insurance Forms 579 and 579a in making claims for total and permanent disability benefits under United States Government Life Insurance. A supply of these forms, copies of which are attached, will be furnished by the Veterans' Administration upon request. If such forms are not available, any written statement, signed by the claimant, showing a clear intent to claim the benefit will be acceptable as an informal claim.

5. The claims accompanied by the required information should be submitted, via the claimant's commanding officer, to the Insurance Claims Council, Veterans' Administration, Washington 25, D. C. Where the complete medical history is not available in the current health record, the claims and available medical history of naval and Marine Corps personnel shall be forwarded to the Veterans' Administration via the Bureau of Medicine and Surgery. When the complete medical history is not available in the current health records of Coast Guard personnel, the claims and available medical history shall be forwarded to the Veterans' Administration, via the Commandant, United States Coast Guard, Washington, D. C.

6. It should be borne in mind that at least 6 consecutive months of total disability, beginning before age 60, are required as a basis for entitlement to waiver of premium under National Service Life Insurance and 4 consecutive months of total disability, beginning before age 65, as a basis for entitlement under the special additional disability provision of United States Government Life Insurance. There is no age limit on insurance claims for total and permanent disability. Ordinarily, therefore, a claim or medical summary should not be prepared until the minimum required period of total disability has existed.—*D. E. Denfeld—L. Sheldon, Jr.*

Enclosure (A)

Veterans' Administration

Insurance Form 357

Revised July 1942

STATEMENT OF CLAIM FOR WAIVER OF PREMIUMS OR CONTINUATION OF WAIVER OF PREMIUMS UNDER THE NATIONAL SERVICE LIFE INSURANCE ACT OF 1940, AS AMENDED

This form is to be executed by the insured if competent, or by the committee or guardian if insured is incompetent. If the person executing this

claim is the committee or guardian of the insured, give date and designation of court appointment _____

1. _____
(Name of insured) (First) (Middle) (Last)
2. C-Number _____ K-Number _____ N-Number _____
3. _____
(Home address) (Street and number) (Post office) (State)
4. Mail address _____
5. Make (x) after branch of service in which insured served—
Army _____ Navy _____ Marine Corps _____ Coast Guard _____
6. Rank _____ Organization _____
7. Serial Number _____
8. Date of enlistment _____ 9. Date of discharge _____
10. Did insured apply for (a) Disability compensation _____ (b) Disability allowance _____ (c) Retirement pay _____ (d) Pension _____
11. On what date does the insured allege that continuous total disability caused him to cease work, or if in military or naval service, be relieved from duty? _____
12. What disease or injury causes the insured to be totally disabled? _____
13. Places and dates of residence of insured since the date on which the alleged total disability began, and for 2 years prior thereto—Street and number or R. F. D. _____ Post Office _____ State _____ Date _____
14. Names and addresses of hospitals at which the insured has been treated—
Name _____ Address _____ Date of admission _____ Date of release _____
15. Give names and addresses of all doctors who have attended the insured for the disease or injury causing continuous total disability (except doctors who only may have treated the insured while both the insured and the doctors were in the military or naval service). Also date of treatment. If insured has been examined or treated by a private physician, or physicians, during the past year submit a supplemental statement by such physician, or physicians, under oath, preferably on the physician's letterhead, showing length of time under treatment, history of condition, physical and laboratory findings, diagnosis and prognosis, and any other pertinent medical data relating to the insured's condition _____
16. Does or did insured have other insurance? _____ If so, please give—
Name of company _____ Amount _____ Date of issue _____ Amount and beginning date of disability payments, if any _____

17. State below occupation since the beginning date of continuous total disability, including names and addresses of all employers, beginning and ending dates of employment, usual number of hours worked each day, number of days worked each week, average weekly wages, amount of time lost on account of illness, reason for termination of employment. If self-employed, give nature of business, period, volume of business, help employed, gross and net income, time lost on account of physical condition. If employed, state periods and reasons. Statement should account for the entire period since the beginning date of total disability. DETAILED ANSWERS MUST BE MADE HERETO.
18. I consent that any physician or surgeon who has treated or examined me for any purpose, or whom I have consulted professionally, any insurance company or organization to which I have applied for insurance, or any person, persons, firm or corporation to whom, or to which I have applied for employment, may divulge to the Veterans' Administration or testify as to, or produce in court, any information obtained by them, or it, concerning myself by reason of the foregoing, and waive any privilege which renders such information confidential.

OATH OF APPLICANT

19. I, the undersigned, being duly sworn, depose and say that each question has been truthfully and completely answered to the best of my knowledge, information and belief, and I hereby make claim for waiver of the payment of premiums or continuation of waiver of the payment of premiums in accordance with the provisions of section 602, National Service Life Insurance Act of 1940, as amended, under policy Number N-----in the amount of \$-----. I UNDERSTAND, HOWEVER, THAT TO KEEP MY POLICY IN EFFECT, I MUST CONTINUE TO PAY PREMIUMS UNTIL NOTIFIED TO THE CONTRARY BY THE VETERANS ADMINISTRATION.

 (Signature of insured, guardian, or legal representative)

20. (If applicant is in the military or naval service application may be sworn to before a commissioned officer.)

Subscribed and sworn to before me this ----- day of -----
 19----by-----to me personally known, and to
 whom statements herein were fully made known and explained.

 (Notary Public)

Penalty.—Section 615. “Any person who shall knowingly make or cause to be made, or conspire, combine, aid, or assist in, agree to, arrange for, or in any wise procure the making or presentation of a false or fraudulent affidavit, declaration, certificate, statement, voucher, or paper, or writing purporting to be such, concerning any application for insurance or reinstatement thereof, waiver of premiums or claim for benefits under National Service Life Insurance for himself or any other person, shall, upon conviction thereof, be punished by a fine of not more than \$1,000, or imprisonment for not more than 1 year, or by both such fine and imprisonment.”

Enclosure (B)

Veterans' Administration
Insurance Form 579c

Claim number
C-

STATEMENT OF CLAIM FOR BENEFITS UNDER SECTION 311 OF THE WORLD WAR
VETERANS' ACT, 1924, AS AMENDED

SPECIAL ADDITIONAL DISABILITY PROVISION

This form is to be executed by the insured if competent, or by the committee or guardian if insured is incompetent.

1. _____
(Name of insured) (First) (Middle) (Last)
2. File numbers—T K C
3. _____
(Home address) (Street and number) (Post Office) (State)
4. Mail address—
5. Did insured apply for (a) Disability compensation _____ (b) Disability allowance _____ (c) Retirement pay _____ (d) Pension _____
6. Make (x) after branch of service in which insured served—
Army _____ Navy _____ Marine Corps _____ Coast Guard _____
7. Rank _____ Organization _____
8. Serial Number _____
9. Date of enlistment _____
10. Date of discharge _____
11. On what date did the insured allege total disability caused him to cease work?
12. From what date does the insured claim to have been totally disabled?
13. What disease or injury causes the insured to be totally disabled?
14. Has insured returned to work? If so, give date on which he returned _____
15. Places and dates of residence of insured since the date on which the alleged total disability began, and for two years prior thereto—
Street and Number of R. F. D. _____ Post Office _____
State _____ Date _____
16. Names and addresses of hospitals at which the insured has been treated—
Name _____ Address _____
Date of admission _____ Date of release _____
17. Give names and addresses of all doctors who have attended insured for the disease or injury causing total disability. Also date of treatment.
18. If insured has been examined or treated by a physician, or physicians, during the past year submit a supplemental statement by such physician, or physicians, under oath, preferably on the physician's letterhead, showing length of time under treatment, history of condition, physical and laboratory findings, diagnosis and prognosis, and any other pertinent medical data relating to the insured's condition.
19. Does or did insured have other insurance? If so, please give—
Name of company _____ Amount _____
Date of issue _____ Amount and beginning date of disability payments, if any.

20. If person executing claim is the legal representative of the insured or the personal representative of his estate, give date and designation of court of appointment.
21. Give complete details of occupational history from a date 3 years prior to the alleged date of total disability.
22. I consent that any physician or surgeon who has treated or examined me for any purpose, or whom I have consulted professionally, any insurance company or organization to which I have applied for insurance, or any person, persons, firm or corporation to whom, or to which I have applied for employment, may divulge to the Veterans' Administration or testify as to, or produce in court, any information obtained by them, or it, concerning myself by reason of the foregoing, and waive any privilege which renders such information confidential.

OATH OF APPLICANT

23. I, the undersigned, being duly sworn, depose and say that each question has been truthfully and completely answered to the best of my knowledge, information and belief, and I hereby make claim for waiver of the payment of premiums and the payment of the monthly income in accordance with the special additional disability provision attached to and made a part of United States Government life insurance policy, Number K----- in the amount of \$-----. I UNDERSTAND, HOWEVER, THAT TO KEEP MY POLICY IN EFFECT, I MUST CONTINUE TO PAY PREMIUMS UNTIL NOTIFIED TO THE CONTRARY BY THE VETERANS' ADMINISTRATION.

 (Signature of insurer, guardian, or
 legal representative.)

24. Subscribed and sworn to before me this----- day of -----
 19---- by ----- to me personally known, and to whom
 the statements herein were fully made known and explained.

 (Notary Public)

Section 501 of the World War Veterans' Act, as amended, provides as follows:

"That whoever in any claim—compensation or insurance, or in any document required by this Act, or by regulations under this Act, makes any sworn statement of a material fact knowing it to be false, shall be guilty of perjury and shall be punished by a fine of not more than \$5,000.00, or by imprisonment for not more than 2 years, or both."

Enclosure (C)

Veterans' Administration

Insurance Form 579
 Revised March 1940

Claim Number
 C-

STATEMENT OF CLAIM FOR INSURANCE—TOTAL PERMANENT DISABILITY

This form is to be executed by the insured if living and competent, or by the committee or guardian if insured is incompetent; if insured is dead by

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the personal representative of the estate, or if there is no personal representative, the statement of claim must be executed by the beneficiary under the insurance contract. All information herein requested must be given—if not furnished, reasons for failure to do so must be stated.

1. _____
(Name of insured) (First) _____ (Middle) _____ (Last) _____
2. File numbers—T _____ K _____ C _____
3. _____
(Home address) (Street and number) _____ (Post Office) _____ (State) _____
4. Mailing address— _____
5. Did insured apply for (a) Disability compensation _____
(b) Disability allowance _____ (c) Retirement pay _____
(d) Pension _____
6. Make (x) after branch of service in which insured served—
Army _____ Navy _____ Marine Corps _____ Coast Guard _____
7. Serial number _____
8. Date of enlistment _____
9. Date of last discharge _____
10. On what date did the insured's total and permanent disability cause him to cease work? _____
11. From what date does the insured claim to have been totally and permanently disabled? _____
12. What disease or injury causes the insured to be totally and permanently disabled? _____
13. Places and dates of residence of insured since the date on which the alleged total and permanent disability began, and for 2 years prior thereto—
Street and number or R. F. D. _____
Post office _____ State _____
Date _____
14. Name and addresses of hospitals at which the insured has been treated—
Name _____ Address _____
Date of admission _____ Date of release _____
15. Give names and addresses of all doctors who have attended insured for the disease or injury causing total and permanent disability. Also date of treatment.
16. If insured has been examined or treated by a physician, or physicians, during the past year submit a supplemental statement by such physician, or physicians, preferably on the physician's letterhead showing length of time under treatment, history of condition, physical and laboratory findings, diagnosis and prognosis, and any other pertinent medical data relating to the veteran's condition.
17. Does or did insured have other insurance? If so, please give—
Name of company _____ Amount _____
Date of issue _____ Amount and beginning date of disability payments, if any _____
18. If person executing claim is the legal representative of the veterans or the personal representative of his estate, give date and designation of court of appointment.
19. Industrial history—
State below occupations since the date on which the insured was discharged from the service, including names and addresses of all em-

ployers, beginning and ending dates of employment, usual number of hours worked each day, number of days worked each week, average weekly wages, amount of time lost on account of illness, reason for termination of employment. If self-employed, give nature of business, period, volume of business, help employed, gross and net income, time lost on account of physical condition. If unemployed, state periods and reasons. Statement should account for the entire period since date of discharge from service. DETAILED ANSWERS MUST BE MADE HERETO.

20. I consent that any physician or surgeon who has treated or examined me for any purpose, or whom I have consulted professionally, any insurance company or organization to which I have applied for insurance, or any person, persons, firm, or corporation to whom, or to which I have applied for employment, may divulge to the Veterans' Administration or testify as to, or produce in court, any information obtained by the, or it, concerning myself by reason of the foregoing, and waive any privilege which renders such information confidential.

OATH OF APPLICANT

21. I, the undersigned, being duly sworn depose and say that each question has been truthfully and completely answered to the best of my knowledge, information and belief, and I hereby make claim for payment of disability benefits under the contract of insurance.

(Signature of insured, guardian, beneficiary,
legal or personal representative)

22. Subscribed and sworn to before me this ----- day of ----- 19 ----- by ----- to me personally known, and to whom the statements herein were fully made known and explained.

(Notary Public)

Section 501 of the World War Veterans' Act as amended, provides as follows:

"That whoever in any claim—compensation or insurance, or in any document required by this Act, or by regulations under this Act, makes any sworn statement of a material fact knowing it to be false, shall be guilty of perjury and shall be punished by a fine of not more than \$5,000.00, or by imprisonment for not more than two years, or both."

Enclosure (D)

Veterans' Administration

Insurance Form 579a

Revised October 1934

C No. -----
T No. -----
K No. -----

STATEMENT OF CLAIM FOR INSURANCE—TOTAL PERMANENT DISABILITY

I, -----, believe
(Insured) (Guardian, legal or personal representative)
myself to be entitled to receive any monthly payment of benefits awarded

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on account of permanent and total disability of the insured under any insurance granted or issued under certificate or policy number _____.

My permanent home address is _____

I desire check mailed to _____

In support of this claim, I make the following statement as true to the best of my knowledge and belief:

1. Under what name, rank, and organization did the insured serve?

_____ (Name)

_____ (Rank)

_____ (Organization)

Signature of (insured) (guardian, legal
or personal representative)

_____ (Date)

44-57—Army Publications, List of

A10-3/EW(121); 12 Apr. 1944

To: All Ships and Stations.

Ref.: (a) EXOS ltr. AO (Pub) over FMK: mfp, 25 Feb. 1944.

1. A number of United States Army publications treating medico-military subjects have been made available for limited distribution. The list of subject publication to date is as follows:

List of publications for training

No.	Title	Date
MR 4-2.....	Hospitalization	13 Feb. 1940
MTP 8-1.....	Medical Department mobilization training program for Medical Department units at unit training centers.	18 Feb. 1942
8-4.....	Medical Department mobilization training program for applicatory training of medical and surgical technicians in military or civil hospitals.	14 Aug. 1942
8-5.....	Medical Department mobilization training program for medical replacement training centers.	12 May 1943
8-6.....	Training program for revised ROTC training program for Medical Army specialized training units.	6 May 1943
8-10.....	Medical Department mobilization training program for the unit training field medical units by the services of supply.	29 July 1942
8-15.....	Medical Department unit training programs for Medical Department (Army and communications zone) supply depots.	21 May 1943
8-21.....	Medical Department training programs for malaria-survey units and malaria-control units.	4 May 1943
T/BA 8.....	Medical Department	15 July 1942
T/A 8-1.....	Medical Department replacement training centers	1 Apr. 1943
8-2.....	Medical Department school	3 June 1943
FM 7-30.....	Service company and medical detachment (supply and evacuation) infantry regiment.	31 Dec. 1942
8-5.....	Mobile units of the Medical Department	12 Jan. 1942
8-10.....	Medical service of field units	23 Mar. 1942
8-25.....	Medical service in joint overseas operations	28 Mar. 1940
8-35.....	Transportation of the sick and wounded	21 Feb. 1941
8-40.....	Field sanitation	15 Aug. 1940
8-45.....	Records of morbidity and mortality (sick and wounded)	1 Oct. 1940
8-50.....	Splints, appliances, and bandages	11 Sept. 1940
8-55.....	Reference data	5 Mar. 1941
FM 21-10.....	Military sanitation and first aid	31 July 1940
21-11.....	First aid for soldiers	
21-15.....	Equipment, clothing and tent pitching	1 Oct. 1940
21-20.....	Physical training	6 Mar. 1941
TM 1-705.....	Physiological aspects of flying and maintenance of physical fitness	25 July 1941
8-210.....	Guides to therapy for medical officers	20 Mar. 1942
8-220.....	Medical Department Soldier's Handbook	5 Mar. 1941
8-225.....	Dental technicians	28 Jan. 1942
8-227.....	Methods for laboratory technicians	17 Oct. 1941
8-233.....	Methods for pharmacy technicians	13 Oct. 1941

List of publications for training—Continued

No.	Title	Date
8-240	Roentgenographic technicians.....	3 July 1941
8-245	Army medical supply depots.....	6 Nov. 1942
8-260	Fixed hospitals of the Medical Department (General and station hospitals).	16 Jul. 1941
8-275	Military roentgenology.....	26 Jan. 1942
8-285	Treatment of casualties from chemical agents.....	27 Nov. 1942
8-300	Notes on eye, ear, nose, and throat in aviation medicine.....	26 Nov. 1940
8-305	Notes on cardiology in aviation medicine.....	12 Nov. 1940
8-310	Notes on physiology in aviation medicine.....	21 Oct. 1940
8-320	Notes on psychology and personality studies in aviation medicine.....	27 Jan. 1941
8-325	Outline of neuropsychiatry in aviation medicine.....	12 Dec. 1940
8-500	Hospital diets.....	13 Oct. 1941
3-223	Decontaminating apparatus—power driven.....	M3A2.
FM 8-35	Change 3—transportation of the sick and wounded—Ch. 9.....	
TB Med. 24	Medical and sanitary data on the Kurile Islands.....	
TM 1-705	Physiological aspects of flying.....	
TB Med. 22	Reduction of fractures during fluoroscopic exposure.....	
23	Food and nutrition.....	
17	Medical intelligence abstracts No. 5 (secret manuscript).....	
16	Penicillin treatment of resistant gonorrhea.....	
15	Standard terms for diagnoses.....	
14	Use of DDT as a mosquito larvicide.....	
20	Medical and sanitary data on the Marianas Islands.....	
21	Lecture outlines for enlisted men on personal adjustment problems.....	
SB 8-3	Medical department professional books.....	
8-4	Medical department professional journals.....	
TB CW 3	Blood and nerve poisons.....	
Sig 13	Moisture-proofing and fungi-proofing signal corps equipment.....	
		25 Sept. 1943

2. Additions to and cancellation of publications from this list will be reported periodically.

3. Medical Department activities may obtain copies of any of these listed Army publications by letter request directed to BuMed. These letter requests should give the catalog number, title, and date of publication, and number of copies needed for a 6-month period as of 1 January and 1 July.—L. Sheldon, Jr.

44-60—Radar Operation Not Harmful to the Eyes

P3-3/P3-1(081-42); 15 April 1944

To: All ships and stations.

Ref.: (a) OSRD Report No. 2051—Effect of Oscilloscope Operation on Vision—15 Nov. 1943, NRDC Project SC-70, NS-146.

1. Rumors that continued radar oscilloscope operation damages the eyes are prevalent among radar operators. Studies, therefore, have been conducted under the auspices of the Office of Scientific Research and Development in conjunction with the Army Air Forces radar training agencies in order to determine whether oscilloscope operations actually have an adverse effect on vision. The findings of this investigation are contained in reference (a), and are summarized herewith.

2. The visual efficiency of 244 radar operators was measured and then compared with the visual efficiency of a group of 122 young men who had not spent time working before an oscilloscope. In addition, the visual capabilities of long-term operators were compared with those of short-term operators.

3. Data were obtained on binocular acuity for both far and near vision, on monocular acuity for far vision, on vertical and lateral eye muscle balance during both near and far fixation, and on depth perception and color vision. Information was also obtained from each man as to his visual history, complaints of fatigue or eye strain.

4. The men whose eyes were tested had been operating radar scopes on air-warning sets for periods varying from a few days to as long as 2 years. They ranged in age from 18 to 37, the average age being 25. The average length of operator experience for the group was 10 months.

5. The watch shifts were typically 6 or 8 hours in duration. Teams of four men were the common rule and the men rotated assignments during their watch. They seldom remained at the scopes for longer than 1 hour at a time, the usual period of scope operation being about 30 minutes. The nonoperators were Army enlisted men studying at a midwestern university under the Army specialized training program. Their ages, in general, approximated those of the operators.

6. The following conclusions were drawn from subject investigation:

(a) The visual capacities of the 244 radar operators were not significantly different from those of the 122 nonoperators.

(b) There were no significant differences in visual efficiency between a group of 58 veteran operators with 18 months or more of experience, and a group of 32 short-time operators with 2 months or less experience. Every analysis that could be applied to the results showed that the vision of the veteran compared more than favorably with that of the beginner.

(c) Symptoms of visual fatigue and eyestrain were reported no more frequently by veteran operators than by inexperienced operators.

(d) A common complaint among operators was that if they remained at the scope for "too long a time" (2 or 3 hours or more), they suffered from eyestrain, headaches, and other symptoms of eye distress, but the same men admitted that similar symptoms resulted if they applied themselves to ordinary reading for too long a time. Therefore, the visual complaints were not specific in relation to oscilloscope operation.

(e) As a whole, the results indicated that radar operation did not impair the visual efficiency of the air-warning operators.

7. The results of this extensive study should be conclusive in combating impressions that extended work at the scopes damages the eyes of operators. The rumors apparently arise from boredom and dissatisfaction with the task being done however, an occasional operator with defective eyesight may experience genuine visual distress and his complaints tend to support the belief that oscilloscope operation damages the eyes.

8. Care should be taken to detect visual defects in men by thorough examination and they should be relieved of oscilloscope duties until their eyes have been corrected by means of glasses. It is directed that all radar operators under naval commands be informed of the above findings in order to allay any persistent fears with regard to deterioration of vision, and to combat unfounded rumors which may originate among such personnel.—*L. Sheldon, Jr.*

44-61—Red Cross Whole Blood, Type O, Available to Military Hospitals

P3-1/A16-1(012-41); 19 Apr. 1944

To: NavHosp (Chelsea, Brooklyn, St. Albans, Philadelphia, Bethesda, New Orleans, San Diego, Oakland, Treasure Island).

1. The American Red Cross donor service, through the local blood donor centers, will furnish whole blood for transfusion purposes to naval hospitals, upon request of the medical officer in command.

2. The following blood donor centers will serve the appropriate local naval hospital:

Boston, Mass.
Brooklyn, N. Y.
Philadelphia, Pa.
Washington, D. C.
New Orleans, La.
San Diego, Calif.
San Francisco, Calif.
Oakland, Calif.

3. The American Red Cross donor service lays down the following conditions:

(a) Only type O blood will be furnished.

(b) The hospital shall assume all responsibility for grouping or regrouping, cross matching, administration of the blood, and recording clinical results, as well as for the required serological testing.

(c) "Unsatisfactory bloods," i. e., those in which serological test for syphilis is positive or in which cross matching or regrouping indicates that an error in blood group has been made, shall be reported by the naval hospital to the blood donor service.

4. It is desired that commanding officers who intend to avail themselves of this service so inform this Bureau.—*L. Sheldon, Jr.*

JOINT LETTER: BUMED, MARCORPS

44-62—Transfer of Marine Corps Personnel With Malaria and Filariasis to Marine Barracks, Klamath Falls, Oreg.

P2-3/P3-1(093); 20 Apr 1944

To: AlStasCon.

1. At the present time the treatment, care, training, and rehabilitation of Marine Corps personnel suffering with malaria and filariasis present two main problems. The first deals with those men now in the United States, and the second involves those who are or will be returned as casualties with these infections.

2. During the past several months, a large number of men suffering with chronic malaria and filariasis, who are incapable of returning to full duty in the accepted military sense, have of necessity been retained in naval hospitals or station dispensaries, thus adding immeasurably to local administrative problems, as well as occupying beds acutely needed for other cases.

3. Recent surveys have shown that approximately 85 to 90 percent of all personnel hospitalized in the United States for these causes are members of the Marine Corps. Experience indicates that most of these men are capable of performing duty within certain physical limits during the interval between relapses. The United States Marine Barracks, Klamath Falls, Oreg., has been established to provide special training and treatment facilities for these men. Since this personnel will be in a duty status, it is obvious that the detailing of men to this activity will be a function of the Marine Corps.

4. It is appreciated that medical officers having these men under their care are in the best position to determine the need for this special type of duty and treatment; therefore, all recommendations for assignments to this barracks must originate from the hospital or unit medical officer.

5. There are currently a large number of Marines serving at posts and stations in the United States with a history of malaria and filariasis who are performing useful duties. It should be understood that such personnel will not be recommended for transfer to Klamath Falls unless it is definitely indicated that:

(a) Such transfer would be materially beneficial due to conditions of climate, elevation and special facilities present at these barracks.

(b) Such personnel are subject to frequent recurrent attacks of malaria or filariasis.

6. The flow of personnel to this barracks must necessarily be controlled so that the available facilities are not overtaxed or overcrowded. Therefore, except for those returning from overseas, no transfer will be effected except as directed by the Commandant of the Marine Corps or the Commanding General, Department of the Pacific, United States Marine Corps, 100 Harrison Street, San Francisco 6, Calif.

7. In effecting assignments to the Marine Barracks, Klamath Falls, Oreg., men, except those returning from overseas, will be transferred in a duty status.

8. Marine personnel hospitalized for malaria or filariasis in naval hospitals who are recommended for assignment to Klamath Falls, Oreg., will be discharged to duty to the Marine Corps organization to which other discharged patients are sent, but with the notation "for further assignment to Marine Barracks, Klamath Falls, Oreg."

9. Marine personnel with a history of malaria or filariasis, who are on a limited duty status at posts or stations, will be recommended for transfer effected with the individual remaining in a duty status.

10. The commanding officer of the Marine Corps organization to which men are attached will report all such recommendations for transfer in consolidated form to the Commandant of the Marine Corps, or on the west coast to the commanding general, Department of the Pacific, for posts and stations under his jurisdiction, who will issue the necessary transfer orders. The commanding general, Fleet Marine Force, San Diego area, will report recommendations for personnel under his command to the Commandant of the Marine Corps for action.

11. Personnel returning from overseas with malaria or filariasis, if their physical condition permits, will be immediately transferred by district medical officers to the Marine Barracks, Klamath Falls, Oreg., on the sick list, to be automatically returned to a duty status upon arrival at Klamath Falls, Oreg.—*L. Sheldon, Jr.—A. A. Vandegrift.*

44-66—Field News Publications of Naval Medical Activities; Copies of Back and Current Numbers for Army Medical Library, Washington, D. C.

A6-6/A12-1(102); 24 Apr. 1944

To: NavHospitals (All Types), NavHospitals CorpsSehs, HospShips.

Refs.: (a) Ltr. MH:EV, Army Service Forces, Army Medical Library
21 Apr. 1944.

(b) BuMed ltr. A6-6/A12-1(102), 8 Oct. 1943.

Encl.: A. (HW) Copy of reference (a).

1. In compliance with reference (a), all naval medical activities, publish-

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ing station newspapers (reference (b)), are requested to send current and available past numbers of subject publications to:

The Army Medical Library
Seventh Street and Independence Avenue SW.
Washington 25, D. C.

—L. Sheldon, Jr.

Enclosure A

ARMY SERVICE FORCES,
OFFICE OF THE SURGEON GENERAL, ARMY MEDICAL LIBRARY,
SEVENTH STREET AND INDEPENDENCE AVENUE SW.
Washington 25, D. C., 21 April 1944.

Commander ROBERT C. RANSDELL,

*Division of Publications, Bureau of Medicine and Surgery,
Navy Department, Washington 25, D. C.*

DEAR SIR: The Army Medical Library is interested in securing files of the field publications of the naval hospitals, special hospitals, fleet and base hospitals, and hospital corps schools.

We note that many of these publications are listed on page 149 of the March 1944 issue of *The Hospital Corps Quarterly*.

We would be pleased to have the Army Medical Library placed on the mailing lists of these publications to receive current issues as published and any of the available back numbers. These issues would be filed in this library and would eventually be bound in permanent form.

We will be very grateful for your cooperation in securing these publications for us.

Very sincerely yours,

L. K. FALK,

Chief, Accessions and Supply Division (for the librarian).

44-67—Medical Department Property—Inventory, Physical Classification and Reporting of, for Plant Account Purposes

L10-5/L11-2(044); 25 Apr. 1944

To: AINavStas.

- Refs.: (a) Art. 605, BuSandA Manual.
 (b) Sec. 6-8, chapter 6, BuSandA Manual.
 (c) Chap. 7, BuSandA Manual.
 (d) Chap. 20, pars. 3099, 3100, and 3101, Manual of the Medical Department, 1938 edition.
 (e) Joint ltr. BuSandA L10/JO(AXA), L10-5(1)EN5, L1-1/EN5; BuDocks, ENS/L4-3(1)/L10, P-51, Cir. ltr. 248-43, 13 Sept. 1943.
 (f) BuMed ltr. N1-13/EN(113), BuMed-F3-LAS, 18 Nov. 1943.
 (g) SecNav ltr. FN600/LLS: ss, 4 Jan. 1944.
 (h) BuMed ltr. N1-13/EN(113), 9 Feb. 1944.
 (i) BuSandA ltr. A16-3(25)(AXA), L10-3(302), 17 Mar. 1944.

1. In view of (a) the urgent need for comprehensive and accurate data with respect to plant property and other capital equipment owned by the Navy for use in connection with postwar planning, (b) the confusion existing with respect to proper physical classification, for plant account purposes, of property peculiar to the medical department, (c) the need for

clarification of the duties and responsibilities of those engaged in taking actual physical inventory, classifying property and fixing actual or appraised value of plant account components to meet the requirements of BuSandA, BuDocks, and BuMed, as well as the postwar planning board, the following instructions are prescribed with respect to medical department activities on shore within the continental limits of the United States and those on shore within the Tenth, Fourteenth, Fifteenth, and Seventeenth Naval Districts.

2. The plant account is under the cognizance of BuSandA and is separate and distinct from and is required to be maintained and reported in addition to the property records and reports prescribed by BuMed. Naval hospitals, naval medical supply depots and other shore stations commanded by officers of the medical department, whether or not required to submit report of expenditures (NAVS&A 280), shall maintain the plant account records and submit the plant account returns in accordance with the procedure prescribed by BuSandA in references (a), (b), (c), and (i). At stations which are not commanded by officers of the medical department, the plant account is maintained and reported by the accounting (supply corps) officer of the station. However, the medical officer shall furnish to the accounting officer, as transactions occur, such information with respect to the acquisition and disposition of medical department equipment as may be required to enable the accounting officer of the station to maintain the plant account records in accordance with the procedure prescribed by BuSandA.

3. While the plant account and Medical Department ledgers contain information of the same general nature they are not maintained on the same accounting basis, do not include the same items in every case, and cannot be readily reconciled one with the other. Property is classified in the Medical Department property ledgers in accordance with standard federal hospital practice as required by the Bureau of the Budget. Medical Department classes do not coincide with the physical classes for plant account purposes as prescribed in BuSandA Manual.

4. For plant account purposes Medical Department property will be inventoried, appraised, classified, and reported in accordance with the instructions contained in references (a), (b), (c), and (i), subject to the following modifications:

(a) Motor vehicles, field equipment, bedding, and linen will not be taken up in the plant account.

(b) Identical items under BuSandA physical classes 5 and 6 shall be grouped on a single plant inventory card (NAVS&A 278), which shall indicate the total number and value of the items and the serial number, where applicable, of each item in the group.

(c) All equipment received from naval medical supply depots, naval medical storehouses, by direct transfer from other Medical Department activities or by issue from or through the Appropriation Purchases Account, Title 6 L, shall be classified in accordance with the physical classification of similar or identical equipment as listed in article 686, BuSandA Manual, and shall be taken up in the plant account as a "Gain by inventory" at the invoiced value. Equipment received from such sources shall not be reflected in Report of Expenditures (NavSandA 280).

(d) Items of plant account equipment peculiar to the Medical Department having a book value per item of less than \$100, and not listed in article 686,

BuSandA Manual, shall be taken up in the plant account in physical class 4.

5. The Medical Department property ledgers will be maintained in accordance with the provisions of the Manual of the Medical Department and current directives of BuMed. Equipment will be classified, recorded and reported as prescribed in chapter 20, paragraph 3100, Manual of the Medical Department and in accordance with the current instructions for classification of Medical Department appropriational obligations and expenditures.

6. References (c) and (i) authorize activities to take up plant property in the plant account as a "Gain by Inventory" without reconciliation with the value of the appropriation expenditure covering the acquisition of such property. Medical Department activities are also authorized to take up such items in the Medical Department property records on the same basis, except for acquisitions charged to the appropriation "Medical Department, Navy," which shall be taken up in every case at the exact amount of the net appropriation charge. Property acquired under construction contracts, or as collateral equipment thereto, as a charge to appropriations under the cognizance of Bureaus other than BuMed may be taken up in Medical Department property records as transfer vouchers received on the basis of estimated or actual costs furnished by officers in charge of construction or other cognizant officers.

7. In conformity with paragraph 12 of reference (i), the officer in charge of construction or the public works officer assigned to furnish technical assistance to plant inventory officers is responsible for proper analysis of land, buildings and collateral equipment and determination of actual or appraised value of all items or components thereof procured under construction contracts, or collateral equipment and determination of actual or appraised value of all items or components thereof procured under construction contracts, or collateral thereto, which must be recorded and reported as separate items in the plant account and in the Medical Department property ledgers. The Medical Department accounting officer, or the medical officer, is responsible for furnishing the plant inventory officer actual book value of all property acquired or disposed of by the Medical Department. The plant inventory officer or the station accounting officer is responsible for proper classification of property for plant account purposes. The Medical Department accounting officer, or the medical officer is responsible for proper classification of property for Medical Department accounting and reporting purposes.

8. It is directed that all Medical Department accounting officers and medical officers concerned cooperate fully with supply officers, public works officers and others engaged in plant inventory and maintenance of plant records to the end that physical inventory, preparation of plant records and Medical Department property records may be expedited and complete data made available to all the Bureaus and offices concerned at the earliest possible date. At stations other than those commanded by officers of the Medical Department, the medical officer shall route to the supply officer, immediately after proper entries have been made in the Medical Department property records, each NavMed—4 invoice, transfer voucher received, transfer Voucher Issued and Approved Property Survey covering Medical Department equipment in order that proper and current adjustment of plant account records may be made. The supply officer shall cause the necessary adjustment of the plant account records to be made as soon as possible after receipt of the documents and shall expedite their return to the medical officer for retention in the Medical Department files. Certified copies of the

documents or a monthly signed statement of acquisitions and dispositions may be furnished the supply officer for this purpose and for his files, but in the interest of conservation of paper and clerical effort the latter procedure is not considered to be essential. The accounting officers at stations commanded by officers of the Medical Department are responsible for maintenance of plant account records and submission of plant account reports in accordance with the procedure prescribed by BuSandA.—Ross T McIntire.

44-68—Enlisted Ratings in Continental NavHospS, HospCorpsScols and NMSD's; Information Concerning

P16-1/MM(01C); 26 Apr. 1944

To: NavHospS, HospCorpsScols and NMSD's

Encl.: (a) List of technical specialties and special qualifications in Hospital Corps.

1. This Bureau maintains a catalogue of the professions, trades, special skills, and abilities of members of the Hospital Corps. At present this catalogue contains over 200 subjects and continues to grow. The variety of fields covered is indicated by the following partial list of former occupations of members of the Hospital Corps. These occupations are in addition to the large number of technical specialties and special qualifications listed in enclosure (a).

- Accountant.
- Artist (commercial, instructors, poster).
- Athletic coach.
- Building maintenance.
- Butcher.
- Cabinetmaker.
- Chiropractor.
- Coppersmith.
- Educator (superintendent of school).
- Electrician.
- Film technician.
- Finger printer.
- Lawyer.
- Metallurgist.
- Musician.
- Minister.
- Orchestra leader.
- Personnel manager.
- Riveter.
- Statistician.
- Teacher (foreign language, chemistry, all high-school subjects).
- Traffic manager.
- Veterinarian.
- Vitamin assay.
- Forestry work.
- Animal husbandry.
- Instructor (physical education, riding, swimming).
- Journalist.
- Lathe operator.
- Zoologist

2. The below listed non-Hospital Corps ratings are normally included in NavHosp enlisted complements and BuMed considers the inclusion desirable since the duties are not normally performed by Hospital Corps personnel:

Specialist (M).

Specialist (W).

Storekeeper (for disbursing office).

Cooks, bakers, stewards, and steward's mates in certain areas where civilian employees are not obtainable.

3. In order to prevent unnecessary correspondence, requests for CCStd's, Sp (A), yeoman (for general clerical work), Sp (S), and Sea (U) in enlisted complements of addressed activities are not desired since the duties for which requested are normally performed by Hospital Corps personnel, trained Hospital Corps personnel are available and complements provide adequate Hospital Corps personnel for performance of these types of duty.

4. The Bureau desires to continue the long established policy of operating continental NavHosp's, HospCorpsScols and NMSD's with Hospital Corps ratings and since Hospital Corpsmen qualified in practically any skill required in the operation and maintenance of these activities are available, requests for non-Hospital Corps ratings (excepting those listed in paragraph 2 above) will not be approved. In setting up special programs requiring enlisted men with special qualifications, requests for qualified Hospital Corpsmen should be forwarded to BuMed. By direction of the Chief.—W. J. C. Agnew.

Enclosure A

TECHNICAL SPECIALTIES AND SPECIAL QUALIFICATIONS IN HOSPITAL CORPS

Aviation medicine.	Neuropsychiatry clerical.
Chemical warfare.	Occupational therapy.
Chemist.	Operating room.
Clerical procedure.	Optician.
Commissary.	Optometrist.
Dental general.	Orthopedic.
Dental prosthetic.	Oxygen therapy.
Dental repairman.	Parachutist.
Dermatology and syphilology.	Pharmacy and chemistry.
Divers.	Pharmacist registered.
Electrocardiograph and basal metabolism.	Photofluoroscopy.
Electro-encephalography.	Photography.
Embalmers.	Photomicrography.
Epidemiology and sanitation.	Podiatrist and chiropodist.
Fever therapy.	Physical education.
Fire fighters.	Physical therapy.
Laboratory.	Property and accounting.
Low pressure chamber.	Radium plaque adaptometer operators.
Malariaiology.	Sound motion picture operators.
Medical field.	Stenographers.
Medical illustrator.	Submarine training.
Multigraph.	Typists.
Neuropsychiatry nursing.	X-ray.

44-71—Immunization Certification

P2-3/P3-1(034); 2 May 1944

To: All ships and stations.

Encl.: (A) United States Navy Immunization Record Form.

(B) Check list of immunizations required for naval and civilian personnel traveling under the cognizance of the United States Navy Department outside the United States.

1. Interference with travel and loss of valuable time, particularly to and within European, African, Middle, and Far East theaters of operations, have been experienced by personnel who have not satisfied immunization requirements prior to embarkation.

2. Individuals destined for air transportation to overseas are specifically required to meet prescribed immunizations as listed in paragraph 3, preliminary to departure from the continental States. Failure of commands to insure the proper immunization of personnel preliminary to reporting for air transportation overseas has resulted in confusion and delay.

3. It is directed that naval and civilian personnel traveling under the cognizance of Navy Department be immunized as indicated below and that the immunization record certified by a naval medical officer be in their possession prior to embarkation:

(a) *Smallpox*.—Vaccination within 1 year of departure. Immunization within the past 6 months is required for personnel destined for and now stationed in Africa, Europe, and the Middle East, in accordance with reference (a).

(b) *Typhoid and paratyphoid fevers*.—A standard course of three doses or a "booster" within 1 year.

(c) *Tetanus*.—Initial immunization of two doses of tetanus toxoid or "booster" within 1 year.

(d) *Yellow fever*.—One dose required, except for personnel arriving at any port of entry to India who have passed through a yellow-fever endemic area en route. Such personnel must present evidence of having been vaccinated against yellow fever not less than 14 days nor more than 2 years prior to entering the yellow-fever endemic area or submit to quarantine.

(e) *Typhus fever*.—Initial immunization of three doses or "booster" within 6 months.

(f) *Cholera*.—Required ONLY when personnel is going to areas where there is danger of this disease being endemic or epidemic.

(g) *Plague*.—Required ONLY when personnel is going to areas where there is SERIOUS danger of infection. (At this time there is no indication for giving the vaccine prior to departure from the United States.)

4. The United States Navy Immunization Record Form, enclosure (A), has been adopted as a standard form of certification.—*SecNav James Forrestal.*

Enclosure (A)

U. S. NAVY IMMUNIZATION RECORD

(Name)	(Rank/rate)		
Type	Date	Remarks	Signature

Enclosure (B)

Check List¹ of Immunizations Required for Naval and Civilian Personnel Traveling Under the Cognizance of the United States Navy Department Outside the United States

Destination	Small-pox within the past year	Typhoid within the past year	Tetanus within the past year	Yellow Fever within the past 4 years ²	Typhus within the past 6 months	Cholera within the past 6 months	Plague within the past 4 months
West Indies.....	(3)	(3)	(3)	(2)	(4)	(4)	(4)
Mexico and Guatemala.....	(3)	(3)	(3)	(3)	(3)	(3)	(3)
Venezuela, Colombia, Ecuador, Peru.....	(3)	(3)	(3)	(3)	(3)	(3)	(3)
Remainder of South America.....	(3)	(3)	(3)	(3)	(3)	(3)	(3)
Africa and Madagascar.....	(3)	(3)	(3)	(3)	(3)	(3)	(3)
Eire, Southern Europe, the Balkans, European U. S. S. R.....	(3)	(3)	(3)	(3)	(3)	(3)	(3)
Asia Minor and the Middle East.....	(3)	(3)	(3)	(3)	(3)	(3)	(3)
India and Eastern Asia.....	(3)	(3)	(3)	(3)	(3)	(3)	(3)
Southeast Asia.....	(3)	(3)	(3)	(3)	(3)	(3)	(3)
Philippines.....	(3)	(3)	(3)	(3)	(3)	(3)	(3)
Sumatra and Java.....	(3)	(3)	(3)	(3)	(3)	(3)	(3)
Celebes.....	(3)	(3)	(3)	(3)	(3)	(3)	(3)
Borneo and New Guinea.....	(3)	(3)	(3)	(3)	(3)	(3)	(3)
Japan and Formosa.....	(3)	(3)	(3)	(3)	(3)	(3)	(3)
Polynesia, Micronesia, Melanesia.....	(3)	(3)	(3)	(3)	(3)	(3)	(3)
Australia and New Zealand.....	(3)	(3)	(3)	(3)	(3)	(3)	(3)
All other areas.....	(3)	(3)	(3)	(3)	(3)	(3)	(3)

¹ This check list is not to be considered final; of necessity local requirements will have to be complied with.

² Personnel arriving at any port of entry to India, and having passed through a yellow-fever endemic area enroute, will be permitted to enter India without submitting to quarantine for this disease, only provided that they present evidence of having been vaccinated against yellow fever not less than 14 days nor more than 2 years previous to entering the yellow-fever endemic area.

³ Required.

⁴ Not required nor recommended.

⁵ Recommended for particularly exposed personnel, but not routinely required.

⁶ Immunization within the past 6 months is required in these areas.

44-73—Ambulatory Treatment of Venereal Disease

P3-2/P3-1(121-42); 5 May 1944

To: All ships and stations.

Ref.: (a) Par. 2222, Manual of the Medical Department.

(b) Par. 12E50, Manual of the Medical Department.

1. The increase in man-days lost from venereal disease is due in great part to the prevailing tendency on the part of medical officers to hospitalize such patients. Experience has shown that ambulatory treatment of acute uncomplicated cases of venereal disease does not decrease efficacy of treatment or increase the incidence of complications.

2. It is directed that all patients with venereal disease, excluding those of the Women's Reserve, be treated on an ambulatory status except:

(a) *Gonorrhœa*.—Complicated cases including those definitely proved sulf-resistant.

(b) *Early syphilis*.—During the actual period of infectivity and then only at the discretion of the medical officer. Usually infectiousness is controlled by the first two injections of an effective trivalent arsenical.

(c) *Chancroid*.—Complicated cases only.

(d) *Lymphogranuloma venereum and granuloma inguinale*.—These usually require hospitalization.

3. When a medical officer is not available, transfers or actual admissions may be made at the discretion of the hospital corpsman with the approval of the commanding officer.

4. Hospitals shall accomplish the discharge of venereal-disease patients to regular duty at the earliest practicable date.

5. In certain theaters of operation military efficiency may demand hospitalization of venereal-disease patients and such transfers shall be effected when directed by the commanding officer.

6. The sulfonamides are known to affect to a varying degree the visual, auditory, muscular, and mental facilities of some patients. A restricted-duty status should therefore be utilized when in the opinion of the medical officer such treatment would endanger life or matériel.

7. These instructions in no way modify reference (a) or reference (b), or relieve the medical officer of the attendant responsibilities in the proper treatment of venereal disease.—*L. Sheldon, Jr.*

44-74—Serum Albumin (Human), Distribution and Use of

P3-1/A16-1(011); 10 May 1944

To: All ships and stations.

Ref.: (a) BuMed News Ltr. Vol. 3, No. 8, p. 4.

1. With adequate supplies of human serum albumin available, it is desirable that all medical officers become familiar with its indications and uses. It will now be issued on requisition (NavMed 4) to all naval activities so that medical officers can gain experience in its use before leaving shore stations.

2. This item appears in the supply catalog as follows:

Stock No.	Item	Unit
SI-1945.....	Serum albumin (human)—25 grams in 100 cubic centimeters diluent, with sterile accessories. Dating period 3 years.	Pkg.

3. Reference (a) summarizes the development and clinical experience with human albumin. Each gram will draw about 18 cubic centimeters of fluid into the blood stream (25 gms. eq. 450 cc.) within 15 to 30 minutes. This hemodilution is maintained when the circulation blood volume is diminished. If the blood volume is normal, the extra fluid is eliminated in 2-4 hours. One or 2 bottles (25-50 gms.) are usually sufficient to combat mild or moderate shock. Much more may be required in severe shock and burns. Plasma and serum al-

bumin may be used interchangeably except in the presence of very severe dehydration. In such instances additional fluid should be administered if al-bumin is used. However, no harm is done by the administration of albumin to a severely dehydrated patient until additional fluid is available. No limit on dosage or speed of administration is set if the circulation is not overloaded and the prothrombin level is not dangerously low.

4. The use of albumin to combat hypoproteinemia involves quantities due to the fact that clinical hypoproteinemias usually have markedly depleted tissue reservoirs as well.

5. It is of utmost importance that the questionnaire accompanying each package be filled out immediately after using the albumin, and returned to the address given on the form.—*Ross T McIntire.*

44-82—Aviation Pilot Selection Tests, Administration of**A21/A11(073-42); 15 May 1944****To: All ships and stations.**

Ref.: (a) Joint BuMed-BuPers Procurement Directive No. 13-44, BuMed A21/A11(073-42), Pers-364, WDJ, ON/23, 15 Mar. 1944.
(b) (Confidential) NavMed-247, Examiner's Manual, Aviation Cadet Selection Tests.

Encl.: (A) Lists of supplies contained in Examiner's Kit.

1. Reference (a) directed that the initial Flight Physical Examination include the Aviation Classification Test (ACT), the Mechanical Comprehension Test (MCT), and the Biographical Inventory (BI).

2. The primary function of these tests is the identification of those candidates who have the greatest probability of success in flight training and the elimination of those who have a high probability of failure. Only those applicants who successfully pass these tests will be given the remainder of the aviation physical examination.

3. Effective upon receipt of this directive the procedures described in reference (b) shall be followed in determining the qualifications of all applicants for flight training. These procedures supplant any and all procedures previously directed relative to the administration, scoring, and reporting of psychological tests given to applicants for flight training.

4. Owing to the impracticability of distribution to all activities where testing might be done, the testing materials listed in enclosure (A) are sent only to commanding officers of naval air stations, naval auxiliary air stations, naval aircraft carriers, Marine Corps air stations, Marine Corps Air Wings 1, 2, 3, 9, Marine Corps Air Wings Pacific, fleet air wings, and Casus; to directors of naval office procurement, and to officers in charge of branch offices, ONOP. Other activities should make use of the nearest facilities available for this portion of the examination. Where no such facilities are available, a request for the necessary supplies may be directed to BuMed (division of aviation medicine). Activities to which these materials have been supplied are directed to expedite the testing of personnel referred to them for this purpose.

5. Where the complement of a ship or station includes a flight surgeon or aviation medical examiner, this officer shall be directly responsible for the administration, scoring, and reporting of these tests. In all other ships

and stations where these tests are given, the senior medical officer shall assume the responsibility for administration, scoring, and reporting.

6. The actual administration and scoring of these tests may be delegated to H (S) officers, HC officers, aviation technicians, or other qualified personnel provided that the medical officer concerned assumes responsibility.

7. Enclosure (A) is a list of materials which are included in the examiner's kit. These materials are forwarded under separate cover to those activities indicated in paragraph 4. Additional supplies of testing materials may be procured by request addressed to BuMed, attention: division of aviation medicine. Items are to be ordered separately rather than as a kit.—*Ross T McIntire.*

Enclosure (A)

BUREAU OF MEDICINE AND SURGERY,
Navy Department, Washington, D. C.

LIST OF SUPPLIES CONTAINED IN EXAMINER'S KIT

NAVAL AVIATION CADET SELECTION TESTS

1. Examiner's kits are sent to activities where it is anticipated that psychological examinations for flying will be administered. Quantities of each item are adjusted to the expected needs of the addressee.

2. Additional supplies may be procured from BuMed. The quantity of each item required should be specified separately and not by requesting additional kits. Additional supplies should be ordered well in advance of the date they are needed.

3. Examiner's kits contain the following items:

(a) (Confidential) NavMed-247, Examiner's Manual, Aviation Cadet Selection Test.

(b) (Restricted) NavMed-181, Aviation Classification Test (ACT) Form 1.

(c) (Restricted) NavMed-182, Aviation Classification Test (ACT) Form 2.

(d) (Confidential) NavMed-203, Aviation Classification Test (ACT) Form 1 Scoring Key.

(e) (Confidential) NavMed-204, Aviation Classification Test (ACT) Form 2 Scoring Key.

(f) (Restricted) NavMed-179, Mechanical Comprehension Test (MCT) Form 4.

(g) (Restricted) NavMed-180, Mechanical Comprehension Test (MCT) Form 5.

(h) NavMed-199, Aviation Classification Test (ACT) and Mechanical Comprehension Test (MCT) Answer Sheets.

(i) (Confidential) NavMed-201, Mechanical Comprehension Test (MCT) Form 4 Scoring Key.

(j) (Confidential) NavMed-202, Mechanical Comprehension Test (MCT) Form 5 Scoring Key.

(k) (Restricted) NavMed-178, Biographical Inventory (BI) Form 3.

(l) NavMed-200, Biographical Inventory (BI) Answer Sheets.

(m) (Confidential) NavMed-205, Biographical Inventory (BI) Scoring Key X.

(n) (Confidential) NavMed-206, Biographical Inventory (BI) Scoring Key Y.

(o) (Confidential) NavMed-207, Biographical Inventory (BI) Scoring Key Z.

(p) NavMed-241, Results of Naval Aviation Cadet Selection Tests.

(q) Electrographic Pencils.

44-84—Dry Cell Batteries

L8-2/JJ17(051-42); 15 May 1944

To : ALL MEDICAL DEPARTMENT ACTIVITIES, U. S. NAVY

Ref : (a) SeeNav Ltr. PM 225/JDS 14 Mar. 1944, on "Centralization of Control over supply of Dry Batteries."

(b) OP&M Ltr. PM 226/KIK : ms, 23 March 1944.

1. Information in subparagraphs (a), (b), (c) (d) (e) (f), and (g) below is extracted from paragraphs 1, 2, and 7 of reference (b) and is quoted for information of all Medical Department activities.

(a) Because of the increasing demands for dry batteries and the fact that the industry cannot presently meet all military and essential civilian requirements, and due therefore to the need for simplifying and speeding production, it has been deemed advisable that the Army and Navy procurement of dry batteries be coordinated and centralized.

(b) Effective at once it is directed that no naval activity shall make direct purchases of dry batteries from any of the following seven major companies:

Bright Star.

Burgess.

General Dry.

Marathon.

National Carbon.

Ray-O-Vac.

U. S. Electric.

(c) All such purchases described above are to be made by the Bureau of Supplies and Accounts through the Signal Corps.

(d) It is intent of this paragraph to permit direct purchaser by naval activities only in cases of small local purchases from jobbers and retailers or where purchases may be made from manufacturers other than the seven major companies.

(e) At present there are 17 types of batteries for which the Army and Navy specifications are identical in all respects except for certain minor differences as noted below:

Army type	Navy type	Army type	Navy type
BA-2	19033.	BA-36	19005.
BA-23 ¹	Type A.	BA-37	19037.
BA-26 ²	19004A: 19004.	BA-38	19038.
BA-27 ¹	19014.	BA-51	19032.
BA-30	Type C.	BA-59	19021.
BA-31 ¹	19013.	BA-67 ¹	19028.
BA-32	19015.	BA-203/u ¹	19020.
BA-34 ¹	19011.	BA-207/u ²	6F4.

¹ Identical except for tests: in general Navy uses intermittent and shelf life tests; the Army uses continuous and drain tests.

² Identical except for terminals: 19004 has screws; BA-26 and 19004A have Fahnestock type terminals.

³ Identical except that BA-207/u requires a metallic jacket and web carrying strap, neither of which are specified on the 6F4.

(f) To meet Navy's immediate urgent needs, the Army has allocated some of its batteries from stock and from production lines for the next several months. Inasmuch as these will be labelled with the Army-type number, the Signal Corps has agreed to mark the equivalent Navy-type number on the outside shipping crates of shipments to naval activities. For example, boxes containing BA-35's will be marked "Equivalent to Navy-type 19010." The head of the Navy Specifications Board has waived the minor specification differences noted above on such shipments during the next several months.

(g) This method of identification will become effective with April shipments and continue for several months until such time as the manufacturers will be in a position to label the batteries, cartons and crates with both the Army-type and Navy-type numbers.

2. In compliance with reference (b), therefore, local procurement is restricted to emergency purchases only, and all purchases from the seven companies listed in paragraph 1 (b) above are forbidden.

3. The Office of Procurement and Material has directed all bureaus to submit estimated monthly requirements of dry cell batteries for the fiscal year 1945 (reference b).

4. In order to insure adequate allotments to this Bureau, it is requested that all Medical Department activities make a careful survey of their dry cell battery requirements of all types for the F. Y. 1945. Care should be taken to present requirements on a monthly basis by Navy type numbers (par. 1e) wherever possible. Completed estimates should be mailed to Chief, Matériel Division, Bureau of Medicine and Surgery, Pearl and Sands Streets, Brooklyn (1), N. Y. prior to 1 June 1945. Activities unable to comply prior to this date, should submit estimate as soon as possible thereafter.

5. To further assist the Matériel Division in making estimates of requirements, the following information is required:

- (a) Identity and manufacturer of all equipment requiring dry cell batteries.
- (b) Amount of each type of equipment on hand.
- (c) Identity and quantity of each type battery used in each piece of equipment.
- (d) Estimated useful life of batteries required.
- (e) Estimated battery requirements for each piece of equipment per year.

Information requested by (a), (b), and (c) are necessary for the procurement of substitutes should the original type battery be unavailable.

6. After the estimate is submitted, any change in requirements should be immediately reported to the Chief, Matériel Division, in order that revision of original estimate may be reported to Office of Procurement and Material.—*Ross T McIntire.*

44-91—Ration Record, NavMed HF-36, Instructions Regarding

L16-8(071-41); 22 May 1944

To: All ships and stations.

(a) The ration record shall be prepared daily and submitted to the medical officer in command. The original of the ration record for the last day of each month shall be forwarded to the Bureau from all hospital ships and all naval

hospitals, except fleet and base hospitals, on the first day of the following month.

(b) Bureau circular letter, on the subject of supernumerary patients, is now in the process of revision and will be promulgated to the service in the near future. Any of the provisions of that letter which may conflict with this letter are hereby superseded.

(c) The instructions applicable to columns I, II, III, and IV are as follows:

(1) *Column I.*—This column itemizes the various classes of personnel by personnel groups. When personnel of classes for which no provision has been made on the form are hospitalized or subsisted, they shall be properly designated and reported on one of the blank lines in the appropriate section of this column.

(2) *Column II.*—(a) Enter total muster days for each class of patients, staff personnel, and duty personnel other than hospital staff, admitted or attached to the hospital for any purpose. Muster days for all personnel shall be computed by the formula for computing sick days for naval personnel; i. e., by excluding the day of admission or reporting and including the day of discharge, death, transfer, or detachment (art. 1827 (2), N. R.). There can be no fractional muster days. Total muster days reported must equal the sum of columns (b) and (c) except in section F, rations sold.

(3) *Column II.*—(b) Enter number of days the personnel concerned were not subsisted by the hospital. This will be only the days for which personnel are not entitled to subsistence in kind such as authorized leave, subsisting out at own expense, etc. It does not include days for which subsistence in kind is prepared but not taken because of liberty or other reasons personal to the individuals concerned.

(4) *Column II.*—(c) Enter number of days the personnel concerned were subsisted by the hospital. The sum of columns II (b) and II (c) must equal the total muster days reported in column II (a), in all sections except F.

(5) *Column III.*—The date required in subcolumns (a), (b), and (c) are the respective cumulative totals to date for the month of the corresponding subcolumns of column II. Instructions applicable to column II are applicable to this column.

(6) *Column IV.*—The data to be recorded in subcolumns (a), (b), and (c) are the respective cumulative totals for the fiscal year to date. Unless otherwise directed by the medical officer in command, column IV need be completed only in the ration record for the last day of each month, in which case the respective totals to be reported will be the sum of the corresponding column in the report of the last day of the previous month plus the amount in the corresponding subcolumn of column III for the last day of the month for which the report is prepared.

(b) The horizontal lines are numbered 1 to 127, inclusive. The subsistence or hospitalization rate, as may be applicable, and the manner of effecting collection of charges is indicated in the instructions pertaining to each line. The data to be entered on each line are as follows:

(1) SECTION (A)—PATIENTS, NAVAL, ACTIVE DUTY—*Line 1—Officer, Navy, active.*—Report all patients who are officers of the Regular Navy in an active-duty status. Subsistence checkages at the rate specified in the annual naval appropriation act shall be effected by means of NavS&A 534, hospital ration notice, which shall be prepared locally and submitted to the disbursing officer carrying the accounts of the officer concerned.

Line 2—Officer, Naval Reserve, active.—Report all patients who are officers of the Naval Reserve in an active-duty status. Checkage for subsistence shall be made at the same rate and shall be accomplished in the same manner as for officers reported on line 1.

Line 3—Officer, Navy and Naval Reserve, retired, active.—Report all patients who are retired officers of the Regular Navy and Naval Reserve in an active-duty status. Checkage for subsistence shall be made at the same rate and shall be accomplished in the same manner as for officers reported on line 1.

Line 4—Officer, Marine Corps, active.—Report all patients who are officers of the Regular Marine Corps on active duty. Checkage for subsistence shall be made at the same rate and shall be accomplished in the same manner as for officers reported on line 1.

Line 5—Officer, Marine Corps, Reserve, active.—Report all patients who are officers of the Marine Corps Reserve in an active-duty status. Checkage for subsistence shall be made at the same rate and shall be accomplished in the same manner as for officers reported on line 1.

Line 6—Officer, Marine Corps and Marine Corps Reserve, retired, active.—Report all patients who are retired officers of the Regular Marine Corps and Marine Corps Reserve in an active-duty status. Checkage for subsistence shall be made at the same rate and shall be accomplished in the same manner as for officers reported on line 1.

Line 7—Officer, Women's Reserve, Navy, active.—Report all patients who are officers of the Women's Reserve of the Navy in an active-duty status. Checkage for subsistence shall be made at the same rate and shall be accomplished in the same manner as for officers reported on line 1.

Line 8—Officer, Women's Reserve, Marine Corps, active.—Report all patients who are officers of the Women's Reserve of the Marine Corps in an active-duty status. Checkage for subsistence shall be made at the same rate and shall be accomplished in the same manner as for officers reported on line 1.

Line 9—Nurse, Navy and Naval Reserve, active.—Report all patients who are nurses of the Regular Navy or Naval Reserve in an active-duty status. Reimbursement for subsistence in kind furnished nurses at the rate specified in the annual naval appropriation act will be effected by the Bureau. When nurses are being credited on the rolls of the disbursing officer with subsistence allowance in lieu of subsistence in kind, checkage for subsistence shall be made at the same rate and shall be accomplished in the same manner as for officers reported on line 1.

Line 10—Cadet Nurse Corps.—Report all patients who are members of the Cadet Nurse Corps. No checkage or reimbursement for subsistence is involved for patients in this category.

Line 11—Midshipman, Navy, active.—Report all patients who are midshipmen of the Regular Navy under instruction at the United States Naval Academy. Checkage for subsistence shall be made at the same rate and shall be accomplished in the same manner as for officers reported on line 1.

Line 12—Midshipman, Naval Reserve, V-7, active.—Report all patients who are midshipmen of the Naval Reserve, class V-7, in an active-duty status. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 13—Midshipman, Women's Reserve, V-9, active.—Report all patients who are midshipmen of the Women's Reserve, class V-9, of the Navy in an active-duty status. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 14—Cadet, aviation, Naval Reserve, V-5, active.—Report all patients who are aviation cadets of the Naval Reserve, class V-5, in an active-duty status. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 15—Trainee, Naval Reserve, V-12.—Report all patients who are trainees of the Naval Reserve, class V-12, in an active-duty status. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 16—Trainee, Marine Corps Reserve, V-12.—Report all patients who are trainees of the Marine Corps Reserve, class V-12, in an active-duty status. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 17—Enlisted, Navy, active.—Report all enlisted patients of the Regular Navy on active duty. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 18—Enlisted, Naval Reserve, active.—Report all enlisted patients of the Naval Reserve on active duty. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 19—Enlisted, Navy, Fleet Reserve, F3, 4, 5, active.—Report all enlisted patients of the Fleet Reserve, classes F3, 4, and 5, on active duty. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 20—Enlisted, Navy, retired, active.—Report all enlisted, retired patients of the Regular Navy on active duty. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 21—Enlisted, Women's Reserve, Navy, V-9.—Report all enlisted patients of the Women's Reserve of the Navy, class V-9, on active duty. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 22—Enlisted, Women's Reserve, Navy, V-10.—Report all enlisted patients of the Women's Reserve of the Navy, class V-10, on active duty. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 23—Enlisted, Marine Corps, active.—Report all enlisted patients of the Marine Corps on active duty. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 24—Enlisted, Marine Corps Reserve, active.—Report all enlisted patients of the Marine Corps Reserve on active duty. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 25—Enlisted, Fleet, Marine Reserve, class 1, active.—Report all enlisted patients of the Fleet Marine Reserve, class 1, on active duty. Reimbursement for subsistence at the rate specified in the annual appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 26—Enlisted, Marine Corps, retired, active.—Report all retired enlisted patients of the Marine Corps on active duty. Reimbursement for subsistence at the rate specified in the annual appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 27—Enlisted, Women's Reserve, Marine Corps.—Report all enlisted patients of the Women's Reserve of the Marine Corps, on active duty. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 28—General-court-martial prisoners serving sentence.—Report only general-court-martial prisoners admitted from naval prisons or other places specifically designated for confinement of general-court-martial prisoners. Do not include prisoners awaiting trial by general court martial or awaiting sentence; these cases shall be included on lines 1 to 27, as indicated. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required nor will any charges be collected locally.

Line 29.—Reserved.

Line 30.—Reserved.

Line 31.—Reserved.

Line 32.—Reserved.

Line 33.—Reserved.

Line 34—Subtotal, patients, naval, active.—Enter totals on lines 1 to 33, inclusive.

(2) SECTION (B)—PATIENTS, NAVAL NOT ON ACTIVE DUTY.—*Line 35—Officer, Navy, retired, inactive.*—Report all patients who are retired officers of the Regular Navy in an inactive-duty status. Subsistence checkages at the rate specified in the annual naval appropriation act shall be effected by means of NavS&A, Form 534, Hospital Ration notice which shall be prepared locally and forwarded to the Bureau of Supplies and Accounts, Filed Branch (Master Accounts Division), Cleveland 15, Ohio. Do not include on this line enlisted men retired with officer rank under the provisions of the act of 7 May 1932. Report such personnel on line 40. Refer to the Register of Commissioned and Warrant Officers of the United States Navy and Marine Corps for listing of personnel in this category. Detailed reports of hospitalization are not required.

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Line 36—Officer, Naval Reserve, retired with pay, inactive.—Report all patients who are officers of the Naval Reserve, retired with pay and in an inactive-duty status. Checkage for subsistence shall be made at the same rate and shall be accomplished in the same manner as for officers reported on line 35. Detailed reports of hospitalization are not required.

Line 37—Officers, Marine Corps, retired, inactive.—Report all patients who are retired officers of the Marine Corps in an inactive-duty status. Checkage for subsistence shall be made at the same rate and shall be accomplished in the same manner as for officers reported on line 35. Do not include on this line enlisted men retired with officer rank under provisions of the act of 7 May 1932. Report such personnel on line 42. Refer to the Register of Commissioned and Warrant Officers of the United States Navy and Marine Corps for listing of personnel in this category. Detailed reports of hospitalization are not required.

Line 38—Nurse, Navy, retired, inactive.—Report all patients who are retired nurses in an inactive-duty status. Checkage for subsistence shall be made at the same rate and shall be accomplished in the same manner as for officers reported on line 35.

Detailed reports of hospitalization are not required.

Line 39—Enlisted, Navy, Fleet Reserve, F3, 4, 5, inactive.—Report all patients who are members of the Fleet Reserve, classes F3, 4, 5, in an inactive-duty status. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required.

Line 40—Enlisted, Navy, retired, inactive.—Report all patients who are retired enlisted men in an inactive-duty status. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Include on this line enlisted-personnel of the Navy retired with officer rank in accordance with the act of 7 May 1932. Refer to the Register of Commissioned and Warrant Officers of the United States Navy and Marine Corps for listing of personnel in this category. Detailed reports of hospitalization are not required.

Line 41—Enlisted, Fleet Marine Reserve, Class 1, inactive.—Report all patients who are members of the Fleet Marine Reserve, class 1, in an inactive-duty status. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Detailed reports of hospitalization are not required.

Line 42—Enlisted, Marine Corps, retired, inactive.—Report all patients who are retired enlisted men of the Marine Corps in an inactive-duty status. Reimbursement for subsistence at the rate specified in the annual naval appropriation act will be effected by the Bureau. Include on this line enlisted personnel of the Marine Corps retired with officer rank in accordance with the act of 7 May 1932. Refer to the Register of Commissioned and Warrant Officers of the United States Navy and Marine Corps for listing of personnel in this category. Detailed reports of hospitalization are not required.

Line 43—Ex-naval and Marine Corps personnel, discharged, retained in hospital.—Report all Navy and Marine Corps patients discharged from the service without retired or retainer pay while a patient in the hospital, and retained for treatment after discharge. Include also honorably discharged enlisted men admitted to hospital while electing homes on receiving ships (art. 1412 N. R.). Detailed reports of hospitalization are not required nor will any charges be collected locally, or by the Bureau.

Line 44—Beneficiary, Naval Home.—Report all patients who are beneficiaries of the Naval Home. Detailed reports of hospitalization are not required nor will any charge be collected locally or by the Bureau.

Line 45—Pensioner.—Report of all Navy pensioners hospitalized. Do not include pensioners hospitalized as Veterans' Administration beneficiaries. The sum total of pension checks received shall be deposited with the disbursing officer for credit to "Miscellaneous Receipts in the Treasury." Upon admission and again, upon discharge, a letter report shall be made to the Veterans' Administration direct, giving pensioner's name, pension number, home address, and date of admission, and requesting information as to the per-diem rate of pension payable to the hospital.

Line 46.—Reserved.

Line 47.—Reserved.

Line 48.—Reserved.

Line 49.—Reserved.

Line 50.—Reserved.

Line 51—Subtotal, patients, naval, not on active duty.—Enter totals of lines 35 to 50, inclusive.

(3) SECTION (C)—PATIENTS, SUPERNUMERARY.—*Line 52—Army officer and nurse, active, Regular and Reserve.*—Report all patients who are Army officers, Regular and Reserve, including Women's Army Corps, nurses, and Army aviation cadets on active duty. Charges for subsistence shall be collected locally at the rate specified in the annual naval appropriation act. Funds collected shall be deposited with the disbursing officer for ultimate credit to the appropriation, "Medical Department, Navy," prior to the close of business on the last day of each month. Report detailed data for these patients on line 1 of section G. Detailed reports of hospitalization are not required. However, when active Army personnel are hospitalized, the individual statistical report of patient (NavMed Fa) shall be completed in each case in accordance with the instructions applicable to naval personnel and forwarded to the Bureau of Medicine and Surgery. In addition to the above, the duty stations shall be notified of the individual Army patients admitted for treatment, giving the diagnosis, dates of admission and discharge, and such other data as may be requested by the local command.

Line 53—Army enlisted, active, Regular and Reserve.—Report all patients who are enlisted personnel of the Army, both Regular and Reserve, including the Women's Army Corps, on active duty. Detailed reports of hospitalization are not required nor will any charges be collected locally or by the Bureau. However, when active Army personnel are hospitalized, the Individual Statistical Report of Patient (NavMed Fa) shall be completed in each case in accordance with the instructions applicable to naval personnel, and forwarded to the Bureau of Medicine and Surgery. In addition to the above, the duty stations shall be notified of the individual Army patients admitted for treatment, giving the diagnosis, dates of admission and discharge, and such other data as may be requested by the local command.

Line 54—Coast Guard officer, active.—Report all patients who are officers of the United States Coast Guard in an active-duty status, including the Women's Reserve. Detailed report of hospitalization shall be submitted monthly. The total number of muster days reported in column (a) of the ration record must agree with the number of sick days reported on the monthly detailed report of hospitalization. No charges are to be collected locally, as reimbursement for hospitalization at the per diem rate prescribed

by the Federal Board of Hospitalization will be effected by the Bureau. In addition to the monthly report of hospitalization, which shall be forwarded to this Bureau, the following reports are also required: (1) Federal Security Agency, United States Public Health Service (June 1941), Form 1971F shall be completed in each case and forwarded direct to the Surgeon General, United States Public Health Service. If forms are not on hand, they may be obtained by requesting same from the Public Health Service, Washington, D. C., Bethesda Station. (2) The individual statistical report of patient (NavMed Fa) shall be completed in each case in accordance with the instructions applicable to naval personnel and forwarded direct to Coast Guard Headquarters, Washington, D. C.

Line 55—Coast Guard enlisted, active.—Report all enlisted patients of the Coast Guard on active duty, including the Women's Reserve. Instructions under line 54 are applicable to the personnel to be reported on this line.

Line 56—Veterans' Administration beneficiary.—Report only those patients whose admission and treatment have been authorized in writing by the proper Veterans' Administration official. Telephonic authorization for admission must be confirmed in writing. Detailed reports of hospitalization are not required nor are any charges in connection with hospitalization to be collected locally. Reimbursement for hospitalization will be effected by the Bureau.

Line 57—Employees' Compensation Commission beneficiary.—Report all patients who are civil employees of the United States admitted under proper authority for treatment of injuries or occupational diseases incurred "while in the performance of their official duties," as defined in part 2, pages 11-16 inclusive, Regulations Governing the Administration of the United States Employees' Compensation Act of 7 September 1916, as amended, Relating to Civil Employees of the United States, and as extended to emergency relief employees and others. No charges are to be collected locally as reimbursement for hospitalization will be effected by the Bureau. Detailed report of hospitalization shall be submitted monthly, but the number of sick days reported on the detailed report of hospitalization of Employees' Compensation Commission patients will not necessarily agree with the number of muster days reported in column (a) of the ration record, due to the difference in method of computing sick days for this class of patients for reimbursement purposes. Sick days applicable to Employees' Compensation Commission patients, as reported in the detailed report of hospitalization of Employees' Compensation Commission patients, are to be computed in every instance by including the day of admission and excluding the day of discharge.

Line 58—Army retired personnel.—Report all retired Army officers, nurses, and enlisted personnel in an inactive-duty status. (See art. 1204 N. R.) Charges for subsistence of these personnel shall be collected locally at the rate specified in the annual naval appropriation act. Funds collected shall be deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department, Navy," prior to the close of business on the last day of each month. Report detailed data for these patients on line 3 of section G. No other detailed reports are required.

Line 59—Dependents.—Report all patients who are dependents of personnel of the United States Navy, Marine Corps, and Coast Guard, other than those who are beneficiaries of State and under the emergency maternity and infant care program. The charge for subsistence is included in the per diem charge for hospitalization of \$1.75. The total charge accrued

for hospitalization shall be collected and deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department, Navy," prior to the close of business on the last day of each month. Reference: BuSandA ltr. L10-5 (1) NH (AB), 7 April 1943. For additional instructions see line 4 of section G. Detailed reports of hospitalization are not required.

Line 60—Dependents, State-aid beneficiaries.—Report all patients who are dependents of personnel of the United States Navy, Marine Corps, and Coast Guard and also are beneficiaries under the emergency maternity and infant care program of one of the several States. The charge for subsistence is included in the per diem charge for hospitalization at the uniform reciprocal per diem rate established by the Federal Board of Hospitalization. Charges for hospitalization furnished this group shall be billed by the hospital direct to the State health agency concerned and the amount so collected shall be deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department, Navy," prior to close of business on the last day of each month. For additional instructions see section G, line 5. Detailed reports of hospitalization are not required.

Line 61—Civilian, humanitarian, nonindigent.—Report all patients admitted under authority of Par. 4160, MMD, from whom reimbursement for the cost of hospitalization is to be collected by the hospital at the uniform reciprocal per diem rate established by the Federal Board of Hospitalization. The charge for subsistence is included in the per diem charge for hospitalization. The total charge accrued for hospitalization shall be collected and deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department Navy," prior to the close of business on the last day of each month. For additional instructions see section G, line 6. Detailed reports of hospitalization are not required.

Line 62—Civilian, humanitarian, indigent.—Report all patients admitted under authority of Par. 4160, MMD, from whom reimbursement for the cost of hospitalization or subsistence cannot be collected. Detailed reports of hospitalization are not required nor will any charges be collected locally or by the Bureau.

Line 63—British armed forces.—Report all patients who are members of the armed forces of the British Empire. Detailed report of hospitalization shall be submitted monthly. The total number of muster days reported in column (a) of the ration record must agree with the number of sick days reported on monthly detailed report of hospitalizaiton. No charges are to be collected locally, as reimbursement for hospitalization at the per diem rate prescribed by the Federal Board of Hospitalization will be effected by the Bureau through the lend-lease program.

Line 64—French armed forces.—Report all patients who are members of the French armed forces. Instructions under line 63 are applicable to the personnel to be reported on this line.

Line 65—Netherlands armed forces.—Report all patients who are members of the Netherlands armed forces. Instructions under line 63 are applicable to the personnel to be reported on this line.

Line 66—Union of Soviet Socialist Republics armed forces.—Report all patients who are members of the Russian armed forces. Instructions under line 63 are applicable to the personnel to be reported on this line.

Line 67—Other foreign military personnel.—Report all patients who are members of the armed forces of other foreign countries who may be admitted for hospitalization and treatment upon the request of the individual's commanding officer. No collections, locally or otherwise, shall be made for this

class of supernumerary. If personnel of more than one nation are to be reported, lines 74 to 78 may be utilized. Detailed reports of hospitalization shall be submitted monthly. Separate reports shall be submitted for each nation involved.

Line 68—British Embassy and mission personnel.—Report all patients who are members of the British Navy attached to the British Embassy and missions. No collections, locally or otherwise, shall be made for this class of supernumerary. Detailed reports of hospitalization shall be submitted monthly.

Line 69—State Department, Foreign Service officers.—Report all patients who are officials of the State Department or the United States consular service. Individual detailed reports of hospitalization shall be submitted promptly upon completion of hospitalization. The total number of muster days reported in column (a) must agree with the number of sick days reported on the monthly and individual detailed reports submitted during the month. No collection for subsistence will be made locally; reimbursement for hospitalization will be effected by the Bureau.

Line 70—United States Coast and Geodetic Survey.—Report all patients who are members of the United States Coast and Geodetic Survey. Detailed report of hospitalization shall be submitted monthly. The total number of muster days reported in column (a) of the ration record must agree with the number of sick days reported on the monthly detailed reports of hospitalization. No charges are to be made locally as reimbursement for hospitalization at the per diem rate prescribed by the Federal Board of Hospitalization will be effected by the Bureau.

Line 71—United States Maritime Service.—Report all patients who are members of the United States merchant marine. Detailed reports of hospitalization are not required nor will any charges be collected locally or by the Bureau.

Line 72—United States merchant marine.—Report all patients who are members of the United States merchant marine. Detailed reports of hospitalization are not required nor will any charges be collected locally or by the Bureau.

Line 73—Prisoner of war.—Report all patients who are prisoners of war. If prisoners of more than one nationality must be reported on this line, lines 74 to 78 may be utilized. No collections, locally or otherwise, shall be made for this class of supernumerary. Detailed reports of hospitalization shall be submitted monthly.

Line 74.—Reserved.

Line 75.—Reserved.

Line 76.—Reserved.

Line 77.—Reserved.

Line 78.—Reserved.

Line 79—Subtotal, patients, supernumerary.—Enter total of lines 52 to 78, inclusive.

Line 80.—Total all patients.—Enter total of lines 34, 51, and 79, inclusive.

(4) SECTION D—HOSPITAL STAFF PERSONNEL—*Line 81—Officer, Navy and Naval Reserve.*—Report in columns (a) and (b) all officers attached to the hospital staff except those who are patients and are therefore reported on lines 1 and 2, as applicable. Marine officers attached to the Marine Guard shall also be reported on this line. The total of column (b) shall equal column (a), inasmuch as officers are at all times entitled to subsistence.

allowance in cash in lieu of subsistence in kind. Charges for meals furnished officers and their guests shall be checked in the accounts of the individual officers at the rate of \$0.25 per meal or \$0.75 per ration. Letters requesting checkage in individual accounts shall indicate separately the number of meals sold each officer and the charge therefor, the number furnished guests of each officer and the charge therefor, and the total meals furnished both and the total charge therefor. The total number of rations sold officers of the hospital staff shall be reported in column (c) of line 118 and the total number of rations furnished guests of staff personnel shall be reported in column (c) of line 119. Separate letters of checkage shall be made for personnel to be reported on separate lines. Copies shall be assembled by applicable line numbers and submitted with the ration record.

Line 82—Officer, Women's Reserve, Navy.—Report in columns (a) and (b) all officers of the Women's Reserve attached to the hospital staff except those who are patients and are therefore to be reported on line 7. The total of column (b) shall equal column (a), inasmuch as these officers are at all times entitled to subsistence allowances in cash in lieu of subsistence in kind. Instructions under line 81 relative to charges for and reporting of meals furnished officers and their guests are applicable to officers reported on this line.

Line 83—Nurse, Navy and Naval Reserve.—Report all nurses attached to the hospital staff except those who are patients and are therefore to be reported on line 9. Do not include nurses performing duty at other activities but who have been assigned quarters and messing facilities at hospital nurses quarters. Ordinarily nurses attached to naval hospitals are entitled to subsistence in kind only. However, in those cases where specific authority has been granted to credit the accounts of nurses with subsistence allowances in lieu of furnishing subsistence in kind, meals furnished such nurses and their guests shall be charged and reported as specified in the instructions applicable to line 81. Charges for meals furnished guests of nurses, who are being subsisted in kind, shall be checked in the accounts of the individual nurses at the rate of \$0.25 per meal or \$0.75 per ration. Letters requesting checkage in individual accounts shall indicate the number of meals furnished guests of individual nurses and the charge therefor. The total number of rations furnished guests of nurses shall be reported in column (c) of line 119. Copies of letters of checkage shall be submitted with ration record and shall be assembled as specified under line 81.

Line 84—Cadet Nurse Corps.—Report all personnel who are members of the Cadet Nurse Corps attached to the hospital staff. No checkage or reimbursement for subsistence is involved for personnel in this category.

Line 85—Hospital Corps, enlisted man.—Report all enlisted men of the Hospital Corps attached to the hospital staff. Hospital corpsmen attached to the hospital for instruction by orders of the Navy Department and those attached to the Hospital Corps School or to any command other than the hospital proper, whether for duty or for instruction, shall not be reported on this line. Such personnel shall be reported on the applicable line in section E. There shall be reported in column (c) only those muster days applicable to hospital corpsmen who are entitled to subsistence in kind in lieu of commuted rations. Hospital corpsmen being credited with commuted rations shall be reported in column (b) as not subsisted, and meals sold such personnel and their guests shall be reported in section F in accordance with the instructions applicable to line 81. Letters requesting checkage in individual

accounts shall indicate separately the number of meals furnished the individual hospital corpsman and the charge therefor, the number furnished guests of the hospital corpsman and the charge therefor, and the total meals furnished both and the total charge therefor.

Line 86—Hospital Corps, enlisted WAVES, V-10.—Report all enlisted personnel of the Women's Reserve in the Hospital Corps, class V-10, attached to the hospital staff. Instructions under line 85 are applicable to the personnel to be reported on this line.

Line 87—Other naval enlisted men.—Report all naval enlisted men other than hospital corpsmen attached to the hospital staff. This line should include mail specialists, tailors, ship service specialists, etc. Instructions under line 85 are applicable to the personnel to be reported on this line.

Line 88—Other naval enlisted WAVES, V-10.—Report all enlisted personnel of the Women's Reserve other than those in the Hospital Corps attached to the hospital staff. This line should include mail specialists, tailors, ship service specialists, etc. Instructions under line 85 are applicable to the personnel to be reported on this line.

Line 89—Marine guard.—Report all personnel of the Marine guard, except officers, attached to the hospital. Instructions under line 85 are applicable to the personnel to be reported on this line.

Line 90—Civil employees, other than excepted group.—Report in columns (a) and (b) all civil-service employees attached to the hospital staff except those who are entitled, under the provisions of the schedule of wages, to subsistence in kind as part compensation in lieu of salary. Unless a naval or special hospital within the continental limits of the United States has employees in the special-duty service classification, all civil-service employees at such hospitals should be reported on line 90. Inasmuch as the employees to be reported on this line are not entitled to subsistence in kind, in lieu of salary, the days attached (column (a)) and the days not subsisted (column (b)) shall be the same. Under the mandatory provisions of the schedule of wages, employees of the commissary service (including maids) shall be checked for the value of at least one meal per working day (BuMed letter F2-RM-LL/L16(121), 13 November 1943). These checkages shall be reflected in the "Other deductions" column of the civil pay roll. The number of meals covered by these checkages shall be converted into the equivalent number of rations and reported in column (c), line 121. The sale of meals to other employees in this category is a matter within the discretion of the medical officer in command, provided that in each instance an advance deposit is made with the disbursing officer (art. 621-6-(f)-(3)-(a); arts. 2121-3-(h) and 2179-5-(e)-(2), BuSandA Manual). Charges at the rate of \$0.25 per meal, shall be made against the individual advance deposits, and the number of meals so furnished shall be converted into the equivalent number of rations and reported in column (c), line 120. Copies of letters of checkage shall be submitted with the ration record.

Line 91—Civil employees, special-duty service.—Report all employees of the special-duty service attached to the hospital staff who are furnished subsistence in kind in lieu of salary. No charges for subsistence will be made locally and no collections will be effected by the Bureau.

Line 92—Civil employees, excepted group.—Report all civil employees of the excepted group attached to the hospital staff. This line shall be used exclusively by the Naval Hospitals, Balboa and Coco Solo, C. Z., and at other hospitals where employees of this group have been specifically authorized by

SecNav. No charges for subsistence will be made locally and no collections will be effected by the Bureau.

Line 93—Red Cross representative.—Report all Red Cross representatives attached to the hospital staff except those who are patients and are therefore to be reported on line 61. The total reported in column (b) shall equal column (a), inasmuch as Red Cross representatives are not entitled to subsistence in kind at Government expense. Charges for meals furnished Red Cross representatives shall be checked against the individual advance deposits at the rate of \$0.25 per meal or \$0.75 per ration. Letters requesting checkage against the individual advance deposits shall indicate the number of meals furnished each Red Cross representative and the charge therefore. The total number of rations furnished Red Cross representatives shall be reported in column (c) of line 120.

Line 94.—Reserved.

Line 95.—Reserved.

Line 96.—Reserved.

Line 97.—Reserved.

Line 98.—Reserved.

Line 99—Subtotal, hospital staff personnel.—Enter totals of lines 81 to 98, inclusive.

(5) SECTION E—PERSONNEL ATTACHED, OTHER THAN HOSPITAL STAFF.—
Line 100—Officer, Navy and Naval Reserve.—Report in columns (a) and (b) all officers not actually attached to the hospital proper for duty. This line shall include all officers attached for instruction, for temporary duty, or attached to the Hospital Corps school or other separate commands. The total of column (b) shall equal column (a) inasmuch as these officers are at all times entitled to subsistence allowance in cash in lieu of subsistence in kind. Instructions under line 81 relative to charges for and reporting of meals furnished officers and their guests are applicable to officers reported on this line.

Line 101—Officers, Women's Reserve, Navy.—Report in columns (a) and (b) all officers of the Women's Reserve not actually attached to the hospital proper for duty. This line shall include all officers attached for instruction, for temporary duty, or attached to the Hospital Corps school or other separate commands. The total of column (b) shall equal column (a), inasmuch as these officers are at all times entitled to subsistence allowance in cash in lieu of subsistence in kind. Instructions under line 81 relative to charges for and reporting of meals furnished officers and their guests are applicable to officers reported on this line.

Line 102—Nurse, Navy and Naval Reserve.—Report all nurses not actually attached to the hospital proper for duty. Include on this line nurses attached for instruction, for temporary duty, or attached to the Hospital Corps school or other separate commands who have been assigned quarters and messing facilities in the hospital. Instructions under line 83 are applicable to nurses to be reported on this line.

Line 103—Hospital Corps, enlisted man.—Report all enlisted men of the Hospital Corps not actually attached to the hospital proper for duty. This line shall include all hospital corpsmen attached to the hospital for instruction by order of the Navy Department, those attached to the Hospital Corps school for instruction, for temporary duty, or to other separate commands. Instructions under line 85 are applicable to the personnel to be reported on this line.

Line 104—Hospital Corps enlisted WAVES, V-10.—Report all enlisted personnel of the Women's Reserve in the Hospital Corps, class V-10, not actually attached to the hospital proper for duty. This line shall include all WAVES in the Hospital Corps attached to the hospital for instruction by order of the Navy Department, those attached to the Hospital Corps school for instruction, for temporary duty, or to other separate commands. Instructions under line 85 are applicable to the personnel to be reported on this line.

Line 105—Hospital Corps school, enlisted man.—Report all enlisted men of the Hospital Corps attached to the Hospital Corps school for duty. Instructions under line 85 are applicable to the personnel to be reported on this line.

Line 106—Hospital Corps school, enlisted WAVES, V-10.—Report all enlisted personnel of the Women's Reserve in the Hospital Corps, class V-10, attached to the Hospital Corps for duty. Instructions under line 85 are applicable to the personnel to be reported on this line.

Line 107—Trainees, Naval Reserve, V-12.—Report all trainees of the Naval Reserve, class V-12, who are attached to the hospital for duty or for instruction. Instructions under line 85 are applicable to the personnel to be reported on this line.

Line 108—Other naval enlisted man.—Report all naval enlisted men other than hospital corpsmen not actually attached to the hospital proper for duty and who therefore cannot be properly reported on line 87. Instructions under line 85 are applicable to the personnel to be reported on this line.

Line 109—Other naval enlisted WAVES.—Report all enlisted personnel of the Women's Reserve, other than in the Hospital Corps, not actually attached to the hospital proper for duty and who therefore cannot be properly reported on line 88. Instructions under line 85 are applicable to the personnel to be reported on this line.

Line 110—Civil employees, other than excepted group.—Report all civil employees assigned to commands other than the hospital proper. Instructions under line 90 are applicable to the personnel to be reported on this line.

Line 111.—Reserved.

Line 112.—Reserved.

Line 113.—Reserved.

Line 114.—Reserved.

Line 115.—Reserved.

Line 116—Subtotal, personnel attached, other than hospital staff.—Enter totals of lines 100 to 115, inclusive.

Line 117—Total, hospital staff personnel and personnel attached, other than staff personnel.—Enter total of lines 99 and 116.

(6) SECTION F—RATIONS SOLD.—*Line 118—Military personnel.*—Report in column (c) of this line the number of rations (expressed in thirds, if necessary) sold at the rate of \$0.25 per meal or \$0.75 per ration to officers, nurses, Hospital Corps enlisted men and women, and any other military personnel. The total value of such rations as checked in the accounts of the individual must agree with the number of subsistence days reported in column (c). The amount checked on the pay rolls shall be credited to the appropriation "Medical Department, Navy." Separate letters of checkage shall be made for meals furnished each class of personnel. Copies shall be assembled by classes of personnel and submitted with the ration record.

Line 119—Military personnel for guests.—Report in column (c) of this line the number of rations (expressed in thirds, if necessary) sold at the

rate of \$0.25 per meal or \$0.75 per ration to military personnel for their guests. The total value of such rations, as checked in the accounts of the individuals to whom such subsistence is chargeable, must agree with the number of rations reported in column (c). The amount checked on the pay rolls shall be credited to the appropriation "Medical Department, Navy." Copies of letters of checkage for meals furnished guests shall be submitted with the ration record.

Line 120—Civilian personnel, advance deposits.—Report in column (c) of this line the number of rations sold to civilian employees and Red Cross representatives. The total number of such rations as checked against advance deposits must agree with the number of subsistence days reported in column (c). The amount collected for meals sold by advance deposits shall be credited to the appropriation, "Medical Department, Navy." Separate letters of checkage shall be made for meals furnished civilian advance depositors and Red Cross representatives. Copies of these letters shall be assembled separately and submitted with the ration record.

Line 121—Civilian employees, pay-roll checkages.—Report in column (c) of this line the number of rations (expressed in thirds, if necessary) sold at the rate of \$0.25 per meal or \$0.75 per ration to commissary employees and maids under the mandatory provisions of the schedule of wages. The number of such rations, as checked on the pay rolls, must agree with the number of subsistence days reported in column (c). The amount checked on the pay rolls shall be credited to the appropriation, "Medical Department, Navy."

Line 122—Veterans' Administration, out-patient.—The total number of rations (expressed in thirds, if necessary) served to out-patients of the Veterans' Administration by hospitals authorized to furnish such meals shall be reported in this line. No collections for subsistence shall be made locally, as reimbursement will be effected by the Bureau at the rate of \$0.25 per meal or \$0.75 per ration.

Line 123.—Reserved.

Line 124.—Reserved.

Line 125.—Reserved.

Line 126—Subtotal, section F.—Enter total in subcolumn (c) of lines 118 to 125, inclusive.

Line 127—Grand total, all personnel.—Enter total in subcolumn (c) of lines 80, 117, and 126.

(7) SECTION G—STATUS OF LOCAL COLLECTIONS.—This section has been set up in order to eliminate detailed reports of services furnished for which charges are collected locally, by providing a means of reporting the necessary data on the ration record. Insofar as the Bureau is concerned, this section need be completed only in the record for the last day of each month. However, the hospitals may find it desirable to compute this section daily or weekly in order to avoid confusion and delay at the close of each month in locating errors and reconciling the data with the record of collections and other related records.

Personnel hospitalized or subsisted and from whom charges are collected locally, other than those already indicated in this section, shall be reported on one of the blank lines under the caption "Class of patient."

(a) The horizontal lines are numbered 1 to 18, inclusive. The subsistence or hospitalization rate, as may be applicable, is indicated in the instructions below:

Line 1—Army officers and nurses, active.—Collections for subsistence shall

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be effected locally at the per diem rate specified in the annual naval appropriation act. Collections shall be deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department, Navy." Detailed report of hospitalization is not required.

Line 2—Army personnel, retired.—Collections for subsistence shall be effected locally from all retired Army personnel, officer or enlisted, at the per diem rate specified in the annual naval appropriation act. Collections shall be deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department, Navy." Detailed report of hospitalization is not required.

Line 3—Dependents.—Collections for hospitalization of dependents of the Navy, Marine Corps, and Coast Guard, other than those who are beneficiaries of State aid under the emergency maternity and infant-care program, shall be made at the rate specified in current instructions. (See Alnavsta 02, 29 Jan. 1944.) Collections shall be deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department, Navy." Detailed report of hospitalization is not required.

Line 4—Dependents, State-aid program.—Collections for hospitalization of dependents of the Navy, Marine Corps, and Coast Guard who are beneficiaries of the State emergency and infant-care program of one of the several States shall be made at the uniform reciprocal per diem rate as established annually by the Federal Board of Hospitalization. Collections shall be deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department, Navy." Detailed report of hospitalization is not required.

Line 5—Civilian, humanitarian, nonindigent.—Collections for hospitalization of civilian, humanitarian, nonindigent, shall be made at the uniform reciprocal per diem rate as established annually by the Federal Board of Hospitalization. Collections shall be deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department, Navy." Detailed report of hospitalization is not required.

Line 6.—Reserved.

Line 7.—Reserved.

Line 8.—Reserved.

Line 9.—Reserved.

Line 10.—Reserved.

Line 11.—Reserved.

Line 12.—Reserved.

Line 13.—Enter totals of lines 1 to 12, inclusive.

(b) (1) Column 1.—Enter the total sick days applicable to each class of patient during the month for which the report is submitted. Sick days shall be computed in the same manner as for naval personnel; i. e., excluding the day of admission and including the day of discharge, death, transfer, etc., (art. 1827 (2), N. R.). There can be no fractional days.

(2) *Column 2.*—Enter the per diem rate of charge for the service rendered.

(3) *Column 3.*—Enter only the total amount accrued during the month for which the report is being submitted. This figure is obtained by multiplying the number of sick days by the applicable rate as reported in column 2.

(4) *Column 4.*—Enter the total amount of accruals this month which have actually been collected and deposited with the disbursing officer for ultimate

credit to the appropriation "Medical Department, Navy," prior to the close of business on the last day of the month.

(5) *Column 5.*—Enter the total amount of the accruals this month which remain uncollected at the end of the month for which the report is submitted.

(6) *Column 6.*—Enter the total amount of the accruals of previous months which have actually been collected and deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department, Navy," prior to the close of business on the last day of the month.

(7) *Column 7.*—Enter the amount of the accruals of previous month liquidated by other than cash collection. There shall be reported in this column that portion of amounts previously reported as accrued and uncollected which have been determined to be uncollectible because of:

(a) Erroneous classification of the patient, or patients, in a previous report.

(b) Determination of indigency after previously having been reported as nonindigent.

(c) Death of a destitute patient.

(d) Other legitimate reason.

Each such liquidation by other than cash collections of the total charge accrued shall be explained fully under "Remarks."

(8) *Column 8.*—This amount shall be obtained by subtracting the sum of the amounts reported in columns 6 and 7 of the current report from the amount reported in column 8 of the report for the previous month.

(9) *Column 9.*—The total collected and deposited this month shall be the sum of the amounts reported in columns 4 and 6.

NOTE: Sample of HF-36 available on request.

44-92—Enlisted Ratings in Continental NavHosp, HospCorpsSchols and NMSD's; Information Concerning

P16-1/MM (O1C); 23 May 1944

To : NavHospS, HospCorpsScols, NMSD's (Continental).

Ref.: (a) BuMed Ltr., P16-1/MM (O1C), 26 Apr. 1944.

1. The following changes shall be made in reference (a) upon receipt of this letter:

(a) Paragraph 2.—To list of ratings, add "Sp (A), where requested by commanding officer in connection with athletic training program."

(b) Paragraph 3.—In line 1, delete "Sp (A)."

By direction of the Chief.—W. J. C. Agnew.

44-93—Expansion of Facilities by Construction or Acquisition

A1-1/NN (023-42); 26 May 1944

To : NavHospS (all types Continental).

Ref.: (a) CNO lt. Op30-13-mgl HBDC SO4 29 25. Serial 975230, 5 May 1944.

(b) VCNO ltr. SO1222 1009 to all bureaus and offices, 22 Dec. 1942.

(c) CNO ltr. Serial 934330 to director, base maintenance division, CNO, 6 Apr. 1944.

(d) SecNav ltr. PM200:CAJ:hje over PM1104 1039, 4 Nov. 1942.

(e) Op12 L Serial 94312, 6 Oct. 1943.

- (f) SeeNav ltr. (SC) P16-1/EN to Bureaus and Offices, Navy Dept., Comdts. all naval districts, comdrs. all fleets and sea frontiers, 26 Jan. 1944.
- (g) CNO ltr. Op02 Serial 28202, 17 Feb. 1944.
- (h) CNO ltr. Op02 Serial 38502, 29 Feb. 1944.
- (i) CNO ltr. to all Bureaus and Offices, Navy Dept., 15 Apr. 1944.
- (j) Ltr. from the President SO4 7-279 to SecNav, 31 Mar. 1943.
- (k) VCNO ltr. of Ch Serial 540430 of 15 Apr. 1943.
- (l) Memo from the President to the Director of the Budget, 10 May 1943.

Encls.: A. (HW) Copy of refs. (a) to (e), inclusive, and refs. (g) to (l), inclusive. (Available on request.)

1. With the continued expansion of facilities in the naval shore establishment incident to and necessitated by the progress of the war, various governing directives have been issued for the purpose of coordinating these developments and to limit new additions to those strictly necessary and minimal for meeting requirements.

2. To facilitate and expedite the approval of essential new projects and to lessen the frequent delays resulting when correspondence is returned to the field for further details or required information not available in the Bureau, it is considered desirable to insure the availability of existing instructions for guidance of all commands.

3. In this connection, attention is invited to the referenced directives now in effect. In submitting new projects, medical officers in command are requested to review carefully and check their recommendations with the provisions of these directives and to include all required information which may be under their cognizance. Projects initiated at naval hospitals will be forwarded through channels to this Bureau for sponsorship.

4. Attention is invited particularly to reference (d) requiring detailed and complete statements of justification of projects with certification that no facilities exist which could be made to serve the desired purpose even at some decrease in efficiency, and to references (j), (k), and (l), which require clearance through the Federal Board of Hospitalization of projects which involve additions to patient bed capacities in excess of 150 beds.

5. Modifications of the references and supplemental directives pertinent to the subject will be forwarded to all commands by the Bureau when and if effected.—*Ross T McIntire.*

44-95—Use of Proper Fa Card Forms

A3-3/EN10(104-41); 27 May 1944

To: All ships and stations.

Ref.: (a) MMD, part II, chapter 3.

1. Large numbers of BuMed copies of Form Fa card (revised 1942), individual statistical report of patient, are being submitted on a variety of makeshift forms.

2. This practice has caused a considerable amount of avoidable expense and confusion in the Bureau of Medicine and Surgery. Since the form is designed for use as a punch card in I. B. M. tabulating equipment, makeshift

forms must be recopied on proper forms before they will pass through the machines. None of the several varieties of punch cards manufactured abroad has proved satisfactory.

3. It is directed, therefore, that requisitions for supplies of Form Fa cards be submitted so far in advance as to exclude the possibility of an exhaustion of supplies and consequent resort to makeshift forms.—*Ross T McIntire.*

44-97—Dental Burs, Requisitioning of

L8-2/JJ57(013); 30 May 1944

To: All ships and stations.

Ref.: (a) BuMed ltr. L8-2/JJ57(013), 8 Oct. 1942.

1. Since promulgation of reference, which provided for distribution of burs then in stock and on order, two sizes have been restored to the Medical Department Supply Catalog for issue.

2. In view of this and in order to readjust allowances by individual sizes, reference is canceled and bur requisitions, until further notice, shall not exceed the below-listed numbers (packages of six) of each type and size per dental officer per year:

When numbers of dental officers assigned are—

			Total packages per dental officer per year
1 to 3			315
4 to 10			429
11 or more			543

Angle HP	Bur No.	Packages per dental officer			Straight HP	Bur No.	Packages per dental officer		
		1 to 3 officers	4 to 10 officers	11 or more officers			1 to 3 officers	4 to 10 officers	11 or more officers
11-290	1½	4	5	6	11-490	1½	3	4	5
11-295	2	18	25	31	11-505	2	3	5	6
11-305	4	15	21	26	11-510	4	3	5	6
11-315	6	20	27	34	11-520	6	6	8	10
11-320	9	11	15	19	11-525	8	3	4	5
11-330	33½	4	5	7	11-535	35	7	9	12
11-340	35	23	45	58	11-540	37	8	11	13
11-360	37	36	49	62	11-610	557	3	5	6
11-355	39	20	27	35	11-615	558	3	5	6
11-415	557	35	47	60	11-620	700	4	5	7
11-440	580	26	36	46	11-630	702	6	8	10
11-445	700	17	23	29	11-635	41	2	2	2
11-455	702	22	30	39	Total		315	429	543
11-470	41	3	3	3					

3. This directive does not apply to resharpened burs.—*BuMed Ross T McIntire.*

44-99—Quarters, Heat, Light, Household Equipment, Subsistence and Laundry Furnished Certain Civil Employees of the Medical Department.

LL/L16-1 (121-40); 31 May 1944

To: NDS and RivComs, NavTraCen (Great Lakes), NavHospitals and NavSp-Hospitals, and InspMedDept Activities

Refs.: (a) BuMed ltr. LL/L16 (121), 13 Nov. 1943.
(b) BuMed ltr. LL/L16 (121), 10 Nov. 1941.

- (c) BuMed ltr. LL/L16 (121), 21 Oct. 1941.
- (d) BuMed ltr. LL/L16-1 (111), 30 Nov. 1940.
- (e) Instructions covering line 47 and 48, relative to employees of the Commissary group, Bureau Circ. ltr. quarterly ration return, 1 Jan. 1941.
- (f) Ltr. of the President, 11 July 1941.
- (g) Statement of a general policy for the Federal Government in providing nonhousekeeping quarters and laundry services to civilian hospital and other institutional employees.
- (h) SecNav ltr. PS&M-f-McP, 11 Oct. 1942.
- (i) NavDept Cir. ltr. SONYD-7-GN, 31 May 1941.
- (j) Hospital accounting instructions, 25 Aug. 1941.
- (k) SecNav ltr. SOSED-4-McP-hls, 10 Aug. 1943

1. References (a) to (e) inclusive, are hereby canceled, effective upon receipt of this letter. Reference (e) will be superseded in its entirety on 1 July 1944 by revised instructions which are being promulgated by separate correspondence. The applicable provisions of reference (j) shall be modified to conform to the instructions contained herein.

2. The following instructions are effective upon receipt of this letter:

(a) *Employees of the special duty service.*—Refer to page 26 of the schedule of wages for civil employees in the field service of the Navy Department, the Marine Corps and the Coast Guard, revised to 30 Nov. 1943, and to article 621-6-(f)-(3)-(b).

Employees allowances, BuSandA Manual, and to the instructions covering line 47 and 48 (special duty service employees), reference (e) for applicable reporting and accounting instructions. The latter instructions are effective only through 30 June 1944 after which they will be superseded by those contained in BuMed Circular Ration Record, 22 May 1944.

(b) *Excepted positions (alien), extra-continental hospitals only.*—Naval hospitals beyond the continental limits employing alien labor have been or will be issued specific instructions covering each such naval hospital.

(c) *Assignment of housekeeping and nonhousekeeping quarters to civilian employees.*—This is a matter for administrative determination by the medical officer in command of each hospital concerned. If employees other than those of the special duty service are assigned quarters, cash payment therefor must be made by the individual civilian employee in the manner outlined in reference (i) and article 621-6-(f)-3-(a), 2121-3-(h) and 2179-5-(e)—BuSandA Manual.

(d) *Meals furnished employees other than those of the commissary group and special duty service.*—The furnishing of meals to such employees is discretionary with the medical officer in command. Cash payment therefor at the rate of 25 cents per meal is mandatory. Payment shall be made by advance deposit procedure and not by pay roll checkage. The accounting and reporting shall be as prescribed in reference (i) and in articles 621-6-(f)-3-(a), 2121-3-(h), and 2179-5-(e), BuSandA Manual.

(e) *Employees of the commissary group to which a mandatory subsistence checkage for one or more meals per day is applicable:*

(1) The subsistence rate is 25 cents per meal.

(2) Such employees shall not be required to make payment for meals not furnished while a patient in a hospital. In case of hospitalization in other than a naval hospital, a certificate signed by an official of such hos-

pital, giving dates of admission and discharge and the number of days hospitalized shall be required.

(3) Such employees shall not be charged for meals not furnished during periods of authorized or unauthorized leave without pay.

(4) No refund or credit for meals not furnished during periods of annual leave or sick leave, unless actually hospitalized, will be allowed.

(5) Except as noted in (2) and (3) of this subparagraph, employees of the commissary group living in nonhousekeeping quarters on the reservation shall, as a general rule, be checked for full subsistence at the rate of 75 cents per day, totaling \$5.25 per week. If local circumstances are such that the hospital believes that a modification of this rule is in order, authority to deviate therefrom shall be requested in each instance, stating in full the reasons therefor.

(6) Except as noted in (2) of the subparagraph, employees of the commissary group living in housekeeping quarters on the reservation, or living off the reservation, shall be checked for 1 meal per day for each day paid at the rate of 25 cents per meal. Such an employee paid for a 5-day period shall be checked on the rolls for 5 meals, 1 paid for a 6-day or 7-day period should be checked on the rolls for 6 or 7 meals, respectively.

(7) In the case of employees who are being checked on the rolls for only one meal per day, the meal to which entitled shall be determined by the medical officer in command and the employees concerned.

(8) Subject to approval of the medical officer in command, any employee of the commissary group may elect to take and pay for full subsistence at the rate of 75 cents a day, 7 days per week, or a total of \$5.25 per week.

(9) If the hour of the day of appointment or separation would preclude the employee from partaking of the determined daily number of meals, no checkage will be made for the day of appointment or separation respectively.

3. At the close of each month a general ledger adjustment voucher shall be prepared to cover that portion of the next weekly pay roll accrued and unpaid as of the last day of the month. The amount accrued and unpaid shall be recorded in the charge register as a debit to general ledger accounts 10 and 13, as may be applicable, and the total amount shall be credited to general ledger account 7. The amount accrued and unpaid shall be recorded in the Allotment Record (NavMed HF-67) as an appropriational expenditure from the general ledger adjustment voucher. This procedure is prescribed in order to bring the account reported on the quarterly NavMed B into agreement with the total of the amounts reported on the 3 monthly Labor Roll Summary (NavS&A 184) and the 3 monthly Report of Expenditures (NavS&A 280) for the same quarter. The following example indicates the information to be tabulated on the pay roll liquidating accruals taken up by the general ledger adjustment voucher.

(a) Weekly pay roll 26 June to 2 July 1944.

	Operating expense	Navy as a whole	Vouchers payable
Total.....	\$4,000	\$1,000	\$5,000
Deduct amount previously reported GLAV No. dated, previously reflected in the charge register June 1944 covering the period 26 to 30 June.....	3,000	750	3,750
Difference, covering period 1 and 2 July to be reflected in charge register July 1944.....	1,000	250	1,250

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(b) Subsistence checkages.

26 June to 2 July	\$500.00
Reported on fourth quarter FY 1944 ration return	\$375.00
To be reported on ration record, month of July, 1944	125.00
	500.00

4. Particular attention is invited to the fact that the weekly payroll covering the last few days in June and the first few days in July is chargeable to **2** different fiscal years.

5. All applicable enclosures of reference (a) to (k) should be retained and attached to these instructions.—*L. Sheldon, Jr.*

44-101—Policy on Publicity Regarding Neuropsychiatry

P3-1/P19-1 (123-40); 8 June 1944

To: NavHospitals (all types), NavTraSta, NavTracens, NavConstTraCens, and NavRecStas, RecShips, RecBks

Ref.: (a) Joint Security Control Memorandum JSC/B1 Serial 494, 28 Apr. 1944.

1. In accordance with reference (a), the following policy has been promulgated by the Joint Security Control Board and is brought to the attention of all medical officers concerned:

(1) Statistical information by percentages, rates or numbers of neuropsychiatric casualties in the armed services, either by units, theaters of operations, combat troops, service troops, or arms of services is classified. The release of statistical information as indicated above constitutes a violation of AR 380-5 and article 76, navy regulations.

(2) The following policy will govern all Army and Navy releases for publication of information concerning neuropsychiatric casualties of the armed forces.

(a) No statistics (percentage, rates or numbers) of neuropsychiatric casualties in the armed forces will be released at this time. Note.—No objection will be interposed to publication of percentages *only* of recoveries of neuropsychiatric casualties.

(b) No names or identifiable photographs of neuropsychiatric cases will be released nor will there be any mention of description of neuropsychiatric casualties in any specific unit which might identify the unit or the individual.

(c) All material on this subject cleared in overseas theaters will conform to paragraphs (a) and (b).

(d) All material on this subject originating within the continental limits of the United States will be checked for accuracy by the Surgeon General's Office, United States Army, before final clearance by the review branch, War Department Bureau of Public Relations. In the case of the Navy, all such material will be checked for accuracy by the Bureau of Medicine and Surgery, United States Navy, before final clearance by the review section, Navy Department Office of Public Relations.

For Joint Security Control: J. M. Creighton, J. K. Cockrell.—*Ross T McIntire.*

44-102—Establishment of Banking Facilities at Naval Hospitals*NH/L12-1; 5 June 1944***To: NavHosp (All Types—Continental)**

Encls.: A. (HW) Extract from Monthly News Ltr. of Paymaster General, 1 Feb. 1943, "Banking Facilities Authorized at Naval Establishments."

B. (HW) Copy of BuSandA ltr. L12-1/EG(axf), 22 Apr. 1944, to AstSecNavAir re banking facilities.

1. As set forth in enclosure, the Navy Department in cooperation with the Treasury Department has developed a policy and plan to provide banking facilities at naval stations and other naval establishments where the number of personnel, volume of business and difficulty of access to regular banking facilities justified such an activity.

2. The availability of this service is brought to the attention of commanding officers herewith. Should the establishment of such a facility at a hospital be found desirable, its feasibility should be thoroughly investigated locally in conjunction with the office of the commandant of the district or of the commandant or commanding officer having immediate military jurisdiction of the hospital, and if circumstances then warrant, official request should be submitted to BuSandA through official channels and via BuMed. In instances where naval hospitals are adjacent to naval stations, the banking facilities of the station should be coordinated with the banking requirements of the hospital.

3. It will be noted that the Navy is to provide the banking facilities with quarters, heat and light, telephone service, furniture and equipment, vault space, police protection, and military escort for transfer of funds. These services, supplies and equipment will be furnished by the hospital in the same manner, to the same extent and under the same appropriations as for disbursing offices located in naval hospitals. Office machines and devices will be procured in accordance with the provisions of A1Navy 34 and 40-1944. For cost accounting purposes banking facilities in naval hospitals are a part of the administration department, Expense Analysis Account E-101.

4. Banking facilities already have been established at the naval hospitals, Portsmouth, Va., Oakland and San Diego, Calif.—*Ross T McIntire*.

Enclosure A**BANKING FACILITIES AUTHORIZED AT NAVAL ESTABLISHMENTS**

In order to meet the problem of providing adequate banking facilities at naval stations and establishments the Navy Department and the Treasury Department have developed cooperatively a procedure for establishing on naval property branch offices of depositaries and fiscal agents of the Government designated by the Secretary of the Treasury. This service includes cashing checks for employees, receiving deposits from disbursing officers, providing funds for official purposes and performing such other banking functions as the commandant or commanding officer deems necessary for the proper operation of the establishment.

Under this arrangement, the Navy Department furnishes the designated depositaries with adequate quarters, vault space, counters, and other neces-

sary permanent fixtures, heat and light, police protection and military escort to guard the transfer of funds. The Treasury Department, through financial mediums, reimburses the general depositary for the cost or net loss resulting from the operation.

After a survey of the requirements, the Navy and Treasury Department mutually deem it necessary that branch offices of designated depositaries be established at the Norfolk Navy Yard, Portsmouth, Va.; Naval Operating Base, Norfolk, Va.; Navy Yard, Charleston, S. C.; Naval Air Station, Pensacola, Fla., and the Naval Ammunition Depot, Hawthorne, Nev. Steps now are being taken at the various establishments to open these branches in accordance with the instructions.

Information regarding the necessity for other branches should be addressed to the Bureau of Supplies and Accounts, Accounting Group, Navy Department, Washington, D. C.

Monthly News Letter from the Paymaster General, 1 February 1943.

Enclosure B

L12-1/EG(AXF)

NAVY DEPARTMENT,
BUREAU OF SUPPLIES AND ACCOUNTS,
Washington 25, D. C., 22 April 1944.

MEMORANDUM

To: The Assistant Secretary of the Navy for Air.

Subj.: Banking facilities.

Refs.: (a) Telephone conversation with Comdr. E. C. Bench, USNR, regarding operations of banking facilities.
(b) Banking facility list—15 Mar. 1944.

Encl.: (A) Copy of ref. (b).

1. *Objective of facilities.*—The installation of banking facilities is an essential part of the general fiscal plan of the Treasury Department and the Bureau of Supplies and Accounts to provide essential and adequate banking services for naval shore activities for the purpose of:

(a) *Check payment plan* complementing the check payment of the disbursing officer by providing a convenient method for civilian and naval personnel to cash their checks on their own time, and thereby saving thousands of productive man hours each month over the cash payment plan;

(b) *Bank reimbursed* providing a means of reimbursing the bank for handling the large volume of Treasury transactions and avoiding a general subsidy for banks;

(c) *Employee's welfare* meeting objections of Union officials to the check payment plan;

(d) *Banking services naval activities* providing general depositary and banking services for disbursing officers, and treasurers and custodians of naval organizational funds;

(e) *Banking services for civilian and naval personnel* providing essential banking service for the civilian and naval personnel of the station or establishment. Many of these persons are confined during ordinary banking hours, and this provides the only service available.

The facilities operate in practically the same manner as branch bank. These activities are designated a facility and not a branch bank as they

do not come under the provisions of the various bank laws in the State and Federal Government. The facilities are not open to the general public.

2. *Plan of operations.*—The bank in the community which is the general depositary, is designated and authorized by the Treasury Department to operate the facility. Every effort is made not to disturb the existing banking connections. The Navy Department provides the facility with quarters, heat and light, telephone service, furniture and equipment, vault space, police protection, and military escort for the transfer of funds and requires by joint letter 17 Apr. 1944, BuPers and BuSandA, that the custodians of naval organizational funds, such as welfare, ship's service, officer's mess, et cetera, deposit their funds with the facility. The Treasury Department requires the general depositary to purchase special 2 percent depositary bonds from funds originating from the establishment, or other bank activities, and supplements the purchase of these bonds with the purchase of other 2 percent depositary bonds acquired by Treasury deposits. The interest from the depositary bonds is used to pay the cost of operating the facility.

3. *Reimbursable items.*—The reimbursable items included in the operation of the facility are:

Salaries.

Transportation of employees.

Insurance.

Stationery.

One percent interest on cash used.

General expenses (including cash, short and over, and loss on checks cashed).

General supervision (overhead).

4. *Return to the bank.*—The bank is reimbursed for all of its operating expenses and is paid seven-eighths of 1 percent as interest on bonds purchased with its own funds, and 1 percent interest on the cash balance including the float necessary to operate the facility. In certain instances where the deposits or bank funds are sufficient when invested in 2 percent depositary bonds to pay the entire cost of operating the facility, the interest on such bonds is divided, 1 percent to the facility, and 1 percent to the bank. In other words, the bank makes seven-eighths of 1 percent or a 1 percent net return on the funds originating from the base, plus a 1 percent on the cash used in operating the facility. It is possible under this arrangement for the facility to be entirely self-sustaining and not use any Treasury funds. At the large naval air stations it is estimated that the facilities will be from 40 to 60 percent self-sustaining.

5. *Advantages to the Navy.*—The banking facilities are an essential part of the fiscal plan of the Treasury and Navy Departments, and provide the Navy not only with adequate banking services for naval establishments, but also with the means of saving thousands of productive man hours monthly, with very little net cost to the Government.—*M. L. Royar.*

44-105—Radium Plaque Adaptometers, Distribution of

P2-5/P3-1 (103-51); 8 June 1944

To: All ships and stations.

Ref.: (a) BuPers-BuMed rest, circ. ltr. BuMed P2-5/P3-1 (103-51); BuPers P11-1, Pers-423g, 22 Mar. 1944.

(b) CNO ltr. to ChBuMed, Op-23(QB/IC), P2-5/T3-1, serial 907823, 2 June 1944 (RS).

1. In accordance with the policy indicated by reference (b), paragraph 6 of reference (a) is hereby modified to the following extent:

a. Activities listed in paragraph 6 of reference (a) requiring more than one radium plaque adaptometer may obtain additional machines upon letter request, stating justification, directly to the Matériel Division, Bureau of Medicine and Surgery, Pearl and Sands Streets, Brooklyn, N. Y., via official channels.

b. Activities not included in paragraph 6 of reference (a) may obtain radium plaque adaptometers by letter request, stating justification, in the same manner as indicated in (a) above.

2. Dark adaptation goggles will be supplied without request by Matériel Division, Bureau of Medicine and Surgery, to all activities which have received radium plaque adaptometers and to all activities to which adaptometers are supplied after this date.—*Ross T McIntire—Randall Jacobs.*

44-107—Hospital Accounting Instructions

L10-5/NH (082-39); 12 June 1944

To: NavHosp and NavSpHosp and InspMedDeptActivities.

Refs.: (a) BuMed ltr. L10-5/NH (082), 25 Aug. 1941.

(b) BuMed ltr. L10-5/NH (082), 17 Dec. 1941.

Encl.: A. (HW) Sample copy of statement of storeroom inventories and statement of capital investment.

1. Reference (b) is hereby canceled, effective 1 July 1944. Accounting and reporting procedures outlined in reference (a), as modified herein, shall become effective 1 July 1944.

2. The following general modifications of reference (a) shall be placed in effect 1 July 1944:

(a) Corrections of erroneous accounting entries shall be made by general ledger adjustment voucher. In adjusting general ledger accounts and subsidiary records erroneous entries shall be completely reversed by red ink debits and credits, respectively, to the accounts originally debited and credited and the transaction recorded correctly in the usual manner. There shall be recorded on each general ledger adjustment voucher the journal entries to be made and the entries to be made in all other accounting records, including the allotment record, to correct the error and record the transaction properly. The following additional information shall be recorded on each such general ledger adjustment voucher:

General ledger adjustment voucher number.

Date prepared.

Reason: To correct erroneous entry.

(1) Date of erroneous entry.

(2) Document covering erroneous entry.

(3) Book of original entry (allotment record, journal).

(4) Brief description; i. e., equipment erroneously recorded as Supplies; item chargeable to Medical Department allotment taken up as transfer voucher received.

Example I

Item of equipment; allotment charge (Medical Department), erroneously taken up as supplies and issued to use as supplies.

Allotment record-----	To eliminate erroneous entry Reverse expenditure under 08-07.	To take up item properly Record as expenditure under 09-60.
General journal-----	Red ink debit account 4. Red ink credit account 5, 6, or 7, as applicable. Red ink debit account 10. Red ink credit account 4.	Debit account 3. Credit account 5, 6, or 7, as applicable.
		Debit account 10 or 13, as applicable.

Recapitulation of furniture, furnishings and equipment issued.

Example II

Item of services, repairs to equipment, chargeable to Medical Department up as an allotment charge (Equipment).

Allotment record-----	To eliminate erroneous entry Reverse expenditure under 09-60.	To take up item properly
General Journal-----	Red ink debit account 3. Red ink credit account 5, 6, or 7, as applicable.	Debit account 3. Credit account 9.

Example III

Item of services, repairs to equipment, chargeable to Medical Department allotment, erroneously taken up as transfer voucher received.

Allotment record-----	To eliminate erroneous entry	To take up item properly Record as expenditure under 07-40.
General journal-----	Red ink debit account 10. Red ink credit account 9.	Debit account 10. Credit account 7.

(b) On each page of enclosure (A) of reference (a) where the appropriations, "Care of the Dead, Navy" and "Hospital Fund" are indicated, insert a marginal note "Refer to BuMed Ltr. A18-1/L16-4 (101), 28 June 1943 abolishing the appropriations Care of the Dead, Navy and the Naval Hospital Fund."

(c) On each page of enclosure (A) of reference (a) where "Allowances in kind (subsistence and quarters)" and "Pay and Allowances, Military Staff" are indicated, insert marginal note "Not required until further notice."

(d) Unless specifically authorized, no expense analysis adjustments shall be made between any expense analysis Accounts in sections I or III until further notice. A marginal note relative thereto shall be made on each applicable page of enclosure (A) of reference (a).

(e) Unless specifically authorized, no general ledger adjustments shall be made between account 10, operating expense and account 13, Navy as a whole. A marginal note relative thereto shall be made on each applicable page of enclosure (A) of reference (a).

(f) Naval hospitals furnishing other naval activities with laundry services shall calculate the estimated cost as follows:

(1) Direct costs charged to expense analysis, Account E-107

01. Pay civil personnel-----	\$xx. xx
03. Supplies and materials-----	xx. xx
06. Job order charges-----	xx. xx
07. Other expense-----	xx. xx
 Total direct costs-----	 xxx. xx

Total number of pieces laundered-----

Unit cost----- . xx

Laundry services for United States Navy-----

Number of pieces multiplied by unit cost-----

The estimated cost of the laundry service shall not be transferred from General Ledger Account 10, E-107 to General Ledger Account 13, E-305.

3. The following specific modifications of enclosure (A) of reference (a) shall be placed in effect 1 July 1944:

(a) *Page 1.*—Enclosure (A) reference (a), accounting records.

(1) Add, allotment record, NavMed HF-67.

(b) *Page 1.*—Enclosure (A) reference (a), accounting vouchers.

Opposite the following listed vouchers insert "Not required until further notice."

Time and pay sheets, military staff.

Analysis of pay and all allowances, military staff.

(c) *Page 2.*—Enclosure (A) reference (a).

Opposite the following listed reports insert "Not required until further notice."

Laundry operations report.

Outpatient statistics.

(d) *Page 2.*—Enclosure (A) reference (a), annual reports.

Opposite the following listed report insert "Not required until further notice."

Statement of hospital personnel, in-patient and out-patient.

(e) *Page 2.*—Enclosure (A) reference (a), journal. Tenth and eleventh lines opposite the "Analysis of pay and all allowances, military staff" insert "Not required until further notice." In preparing and recording journal entries, all debits to General Ledger Account 10, Operating Expense and General Ledger Account 13, Navy as a whole, shall be supported by a listing of the debits and amounts to each of the applicable expense analysis register accounts.

(f) *Page 7.*—Enclosure (A) reference (a). Opposite the first sentence only of the second paragraph "A priced copy of each stub requisition * * *," insert marginal note "Not required until further notice."

(g) *Page 8.*—Enclosure (A) reference (a). (5) Civil payrolls. After the period (.) second line, insert new sentence, "Refer to BuMed Letter LL/L16-1(121-40) 31 May 1944 relative to specific instructions covering accrued payrolls at the end of each month.

(h) *Page 157.*—Enclosure (A) reference (a). Expense analysis register entry. Change "Credit" to "Debit" Account E-307.

4. *Inventory of supplies.*—A complete physical inventory will not be required during the last month of each quarter. However, a group of classes should be inventoried each month and the inventory should so be arranged that each class will be inventoried at least once each quarter. Inventory adjustment by general ledger adjustment voucher shall be made at the close of each month to cover the group of classes inventoried during the month and shall be recorded in all applicable accounting records.

5. *Statement of storeroom inventories.*—(a) The value of general ledger adjustment vouchers prepared to correct erroneous entries when red ink debits to General Ledger Accounts 3 and 4 are involved shall be reflected in the acquisitions column as separate and distinct net amounts. Refer to sample statement of storeroom inventories (enclosure 1).

6. *Settlement of receipts by transfer, by appropriations and other sources.*—The value of materials (except equipment charged to the appropriation maintenance, BuSandA) and services chargeable to naval appropriations other than those under the cognizance of BuMed shall be taken up as a transfer voucher received. These instructions do not alter or amend current instructions pertaining to the plant account. Unless the invoice document actually indicated the appropriation "Medical Department, Navy," and APA or 6-L, the value should not be reflected under the caption "Losses and expenditures, APA, Medical Department." Such items should be reflected under the caption applicable to the Bureau normally purchasing that type of material.

Example.—Postage stamps are received. The invoice document indicates no appropriation or indicates APA or 6-L only. This item should be recorded under the caption, "Secretary's Office—Postage"—*L. Sheldon, Jr.*

U. S. NAVAL HOSPITAL

Statement of Storeroom Inventories for the Quarter Ended

(Place)

(Date)

(Date)

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	(1) Storeroom inventory beginning quarters	(2) Acquisitions during quarter	(3) Storeroom issues for use	(4) Transfers unissued stores	(5) Surveys unissued stores	(6) Inventory adjustments Debits	(7) Storeroom inventory close of quarter	(8) Increase or decrease storeroom inventory
SUPPLIES								
Unadjusted	\$73,842.43	\$38,438.68 (a) 97.88 (b) 51.44	\$37,441.42			(e) \$551.17 (g) \$203.40		
Adjustments—additions								
Adjustments—deductions								
Net transactions	73,842.43	38,455.12	37,441.42			551.17	203.40	\$1,361.47
PROVISIONS								
Unadjusted	5,900.85	157,044.67	140,088.16					
Adjustments—additions								
Adjustments—deductions								
Net transactions	157,044.67	140,088.16						
EQUIPMENT								
Unadjusted	180,555.95	125,080.17 (b) 51.44 (cd) 96.88	136,225.00			(h) 437.50		
Adjustments—additions								
Adjustments—deductions								
Net transactions	180,555.95	125,043.73	136,225.00			437.50	168,937.18	11,618.77
Grand totals	280,299.23	320,543.52	313,754.38			551.17	640.90	286,998.44 6,699.21

					\$67.88
(a) GLAV No. 3 Stores originally taken up as equipment					51.44
(b) GLAV No. 5 Equipment originally taken up as stores					\$29.00
(c) GLAV No. 4 Operating expenses originally taken up as equipment					67.88
(d) GLAV No. 3 Stores originally taken up as equipment					96.88
					437.50
					113.67
					551.17
(e) GLAV No. 1 Hospital Corps Handbooks reclassified					203.40
(f) GLAV Inventory adjustments No. 2 Overage—Physical inventory					437.50
(g) GLAV Inventory adjustments No. 2 Underage—Physical inventory					
(h) GLAV No. 1 Hospital Corps Handbooks reclassified					

EXPLANATION

(a) GLAV No. 3 Stores originally taken up as equipment.

(b) GLAV No. 5 Equipment originally taken up as stores

(c) GLAV No. 4 Operating expenses originally taken up as equipment

(d) GLAV No. 3 Stores originally taken up as equipment

RESTRICTED

Statement Of Capital Investment as at

last day in quarter]

Items	(1) Balance per general ledger accounts	(2) Deduct value of items in store	(3) Value of items in use	(4) Deduct value of items in use, Hospital Corps school	(5) Other authorized deductions	(6) Value of items in use for hos- pital purposes
Land and buildings	\$-----	None	\$-----	\$-----	None unless specifically authorized by the Bureau.	\$-----
Equipment						
Total						

**44-111—Procedure for the Preparation and Submission of Medical Records
and Reports of Navy Patients in Oversea Army Medical Units**

P3-5/QA(012); 13 June 1944

To: All ships and stations.

Ref.: (a) BuMed ltr. P3-5/QA(012), 10 Mar. 1944.

1. When a Navy or Marine Corps patient who has been under treatment in an Army medical unit for a disability due to his own misconduct is discharged to duty, the medical officer of the Navy or Marine Corps activity to which he is transferred (see par. 1C b(2) of ref. (a)) shall comply with the instructions in article 1196, United States Navy Regulations, and submit S. & A. Form 35L (Misconduct Report) to the commanding officer of the ship or station carrying the patient's service record and pay accounts.—*L. Sheldon, Jr.*

**44-115—Prevention of Ear Damage—Directions for the Use of the V-51
(R) NDRC Ear Warden**

A11/P3-1(112); 17 June 1944

To: All ships and stations.

Ref.: (a) BuMed ltr. A11/P3-1(112), 26 Feb. 1942.

1. Introduction.—

(a) The importance of ear protection against continuous high noise levels and gun blast was discussed in reference (a). The subject ear defender, officially designated as "ear warden," was developed for the armed services by the national defense research committee and has been adopted by the naval service. It is not an item of issue by the Bureau of Medicine and Surgery, but is on the allowance list of the Bureau of Ships and the Bureau of Aeronautics.

2. Purpose.—

(a) The ear warden provides a convenient and comfortable device for occluding the auditory canal. When correctly inserted it minimizes noise and protects the wearer against extreme acoustic shock.

3. Applications.—

(a) In situations where a high noise level is continuously maintained, as in Diesel and motor-torpedo-boat engine rooms, the routine use of an ear warden lessens the hazard of temporary or permanent hearing impairment. It furnishes protection against the consequences of continued exposure to gun blast. Furthermore, the use of this ear warden does not seriously impair the reception of commands when personnel are exposed to loud noises.

4. Fitting.—

(a) The fitting of ear wardens shall be conducted under the supervision of a medical officer. The auditory canal shall be examined and any excess of ear wax removed. During this examination, the proper size of ear warden can usually be determined by inspection of the opening of the canal.

(b) *Available sizes.*—There are three sizes, i. e., small, medium, and large, for which the distribution ratio is 1:2:1. Selection from the standard sizes should result in a comfortable fit and a good seal. An occasional individual will require a plug for one ear larger or smaller than is required for the other ear. Men for whom the smallest warden is too large for a comfortable fit,

and men for whom the largest size does not give an adequate seal, can obtain considerable auditory protection by plugging the ears with cotton.

(c) If the seal in both ears is good, the wearer will notice a change in the loudness of the sounds around him, and especially a change in the quality of his own voice. A plug that is loosened by yawning or chewing is too small, and one giving rise to greater discomfort than a sense of fullness is too large. It is advisable to explain to personnel that there is no possibility of touching the ear drum with an ear warden of the proper size.

(d) *Insertion.*—While the ear warden can be correctly inserted with the fingers, this is greatly facilitated by means of a special applicator. For this reason, subject ear warden is furnished in a plastic container, the central portion of which is shaped to serve as an applicator. Four prongs, at either end of the device, are so proportioned as to accommodate, interchangeable, all sizes of ear wardens. From these prongs the warden is readily pushed into a normal ear canal. The ear warden should be inserted to the limit permitted by the safety tab, which should lie flat against the lobe of the ear. The removal tab should point toward the back of the wearer's ear for maximum protection. The ear wardens should be firmly replaced upon the applicators after use. In tortuous canals, insertion is facilitated by grasping between thumb and forefinger the top of the external ear which is then pulled upward and/or backward in order to straighten the external portion of the canal.

5. *Contraindications.*—(a) Ear wardens should not be used (1) when examination of the auditory canal reveals the presence of a skin eruption, furuncles, fungous infection, or inflammation, and (2) when, in a quiet location, it is imperative to hear weak sounds, such as whispered commands or the first faint warning of enemy activity.

6. *Care in cleaning.*—(a) Ear wardens, and the ears receiving them, should be kept scrupulously clean. The neoprene compound from which they are manufactured is nontoxic and markedly resistant to sea water and the action of ear wax. Ear wax, if visible, should be carefully wiped from the wardens after each period of use. Thorough cleansing should be carried out from time to time, with soap and water. Under no circumstances shall ear wardens be transferred from the custody of one person to another or be worn by another person unless disinfected. The following disinfectants are suitable for this purpose: BuMed Stock Nos. 1-851 or S1-4700; also, BuShips Stock No. 51D394-78. Neither alcohol nor phenol should be employed for this purpose. When the mushroom-shaped flange of the warden has been badly deformed through use or abuse, it should be replaced by a new plug.—*Ross T McIntire.*

44-116—The Detection of Chemical Warfare Agents in Water

A16-3/JH1; 20 June 1944

To: All ships and stations.

1. This Bureau has adopted a kit for use in the detection of chemical warfare agents in water designated as "Kit, Water Testing, and Screening, for The Detection of Chemical Warfare Agents"; stock number S13-461.

2. Upon requisition these kits are available, from medical supply depots, to the following activities:

(a) *Forces afloat.*—All seagoing naval vessels to which Medical Department personnel are assigned.

(b) *Forces ashore.*—(1) All land-based activities in foreign areas to which Medical Department personnel are attached (either medical officers or hospital corpsmen on independent duty).

(2) Each group of naval activities in one area, such as the Norfolk area, and all other naval activities on the Atlantic coast, Gulf coast, Pacific coast and Great Lakes areas to which Medical Department personnel are attached. The District medical officer shall designate the activity to accept this responsibility.

3. Each of these kits includes a printed booklet of directions for use.

4. The booklet does not contain general data relative to the toxic limits of gases in water, the reaction of gases with water, and the limitations of tests performed with the kit. This letter supplies the necessary data on the above factors and specific instructions for the use of the subject kit. The data presented are based on source material from the Chemical Warfare Service, War Department, and the National Defense Research Committee, Division 9, Report OSRD No. 1732.

5. *General.*—Contamination of water supplies with chemical agents has been encountered rarely, but in those instances the percentage of casualties was high.

(a) Methods for detecting chemical agents make it possible to determine safe and unsafe water. The testing of such contaminated water and report of its potability is the responsibility of the medical officer. The actual decontamination of water contaminated by chemical warfare agents is under the cognizance of the group responsible for the procurement and treatment of water supplies. Decontamination of such water should be resorted to only in extreme emergencies.

(b) *Important agents.*—The vesicants and the systemic poisons, cyanogen chloride and hydrogen cyanide, are the agents most likely to cause casualties when introduced into water. It is considered improbable that toxic concentrations of heavy metals and alkaloids will be encountered.

6. *Toxic limits.*—The toxic limit for lewisite is 20 parts per million (20 mg/1) (10 parts per million (10 mg/1) as As₂0₃), provided the water is chlorinated by the standard procedure for bacterial purification and is used for not more than 1 week. Nitrogen mustards in concentrations of 10 parts per million (10 mg/1) have produced vomiting in man but have not caused actual casualties. In higher concentrations they are extremely toxic. Mustard dissolves slowly in water but may be found floating in tiny globules, as a film on the surface or collected in pools on the bottom. Small droplets when fed with water to rats have produced perforating ulcers in the intestinal tract. The limits for cyanogen chloride and cyanide are 10 parts per million (10 mg/1).

7. *Reactions with water.*—The three vesicants—lewisite, mustard, and nitrogen mustards—all react with water to form hydrochloric acid and the hydrolysis product corresponding to the agent. Lewisite reacts with water practically instantaneously, forming the hydrolysis product "lewisite oxide," which is toxic and somewhat vesicant. Mustard reacts with water to form the nontoxic thioglycol. A solution containing 100 parts per million (100 mg/1) mustard becomes nontoxic at the end of 1 hour. Some types of mustard contain a highly odorous compound which renders the water non-palatable even after hydrolysis. Nitrogen mustards hydrolyze slowly to a nontoxic product. A solution containing 100 parts per million may remain toxic for the 4 to 6 days. Cyanogen chloride, cyanide, and heavy metal salts dissolve in water but do not react extensively with it.

8. *Description of water testing kit.*—For the sake of simplicity, analytical procedures have been developed to employ dry reagents which are furnished as tablets or pellets of proper size. Except for warming with the hand in some of the tests, no heat is required. The kit contains equipment for testing 15 samples of water. The reagents and equipment are packed in a pocket-sized container, approximately $5\frac{1}{2}'' \times 3\frac{3}{4}'' \times 1\frac{3}{4}''$, divided into 10 compartments. The container is constructed of transparent plastic. The kit contains 2 test tubes, a chlorine demand assembly, a bottle and tube for the detection of arsenicals by a modified Gutzeit's method, and 7 vials containing reagents and test papers. The vials are identified by letters printed on the paper liners. Their caps are made of colored plastic matching the color of the paper liners. A test-tube brush and pipe cleaner are provided for cleaning the apparatus.

9. *Application of water-testing kit.*—The primary purpose of the kit is to detect contamination by chemical warfare agents in the raw water. The limits of the sensitivity of the tests are on the safe side.

(a) If none of the tests indicates amounts of chemical agents in the raw water beyond the specified toxic limits, the water can be used after usual treatment at water points or in Lyster bags without any specific decontamination procedure for chemical agents for a period of 1 week.

(b) If any of the tests included in this kit are positive, the water should not be used until a more complete analysis can be made. Larger and more complete water-testing equipment containing apparatus and chemicals for the quantitative determination of contaminants is necessary. Such quantitative tests are under the cognizance of the groups responsible for the procurement and treatment of water.

10. *Sensitivity and limitations of the tests.*—If the tests are carefully performed, the threat of serious casualties from contamination of the water with known agents will be avoided.

(a) The arsenic test will show whether any arsenic is present or not. The lengths of stain produced by 5, 10, and 15 parts per million of arsenic in the form of organic arsenicals are sufficiently different so that one can tell approximately how much arsenic is present. Inorganic arsenite or arsenate produces very long, dark stains at the above concentrations.

(b) The pH test is a general screening test. Any water with a pH below 6.5 or above 8.5 should be suspected of contamination.

(c) The test for mustards will detect mustard or the nitrogen mustards in 5 parts per million. Thiodiglycol will not react. Ethyl iodoacetate and chloroacetophenone will also react, but these can be detected readily by their odor so it is thought they will cause no difficulty. Cyanogen chloride yields a yellow color with the RA tablets alone and can be detected as low as 10 parts per million. No blue color develops when the RB tablet is added.

(d) The o-tolidine reaction used to detect chlorine residuals in the chlorine demand test is sensitive to 0.1 parts per million of chlorine. A chlorine residual does not mean a safe water. It has been shown that water contaminated with mustard or thiodiglycol may show a chlorine residual and actually still have a chlorine demand. An excess of 4 to 5 parts per million of chlorine above what is needed for the actual chlorine demand is necessary in order to have complete reaction between the chlorinating agent and the mustard or thiodiglycol. If this condition is not met, the water will show a chlorine residual as determined by the o-tolidine reaction when it still has a chlorine demand. Other colors may be obtained when using the

o-tolidine reaction. If the color is blue or green, it means there is too much *o-tolidine* for the amount of chlorine present. A red or orange color means that too great an amount of chlorine has been added.

11. *Interpretations, limitations of tests.*—Negative results from all of the tests indicate that the water is safe for use after chlorination insofar as chemical warfare agents are concerned. A positive result for any one of the tests is presumptive evidence that the water is contaminated with a chemical warfare agent. Water showing a positive result for any one of the tests shall not be used without special treatment to remove the chemical warfare agent except in cases where it can be clearly demonstrated that one or more of the limitations specified below is applicable.

(a) The test for arsenic allows some latitude in the interpretation of the results. If the stain on the test is not longer than $\frac{1}{4}$ inch, the arsenic content is not more than 10 parts per million as organic arsenic. Water with this concentration of organic arsenic may be used for a period not to exceed 1 week because of possible cumulative effects, provided all the other tests are negative and the water is thoroughly chlorinated. If the stain is longer than $\frac{1}{4}$ inch the water shall not be used.

(b) A pH below 6.5 should be regarded with suspicion unless the character of the water source seems to indicate a naturally low pH. Contamination of the water by mustard, the nitrogen mustards, or arsenicals would lower the pH as all these chemical agents release hydrochloric acid in water solution. A pH above 8.5 probably means contamination with some basic material as potassium cyanide.

(c) If the test for mustard and the nitrogen mustards is positive, the water should be rejected for all purposes. Water may pass the test for nitrogen mustards and still give symptoms if consumed in large quantities. Hence, the water should not be used without special purification if even the faintest blue color develops. When the result of the test is questionable, the amount of water permitted per man, at the first drinking, should be limited to $\frac{1}{2}$ pint; if no symptoms of nausea or vomiting develop during the succeeding 2 hours, the water may be used freely thereafter.

(d) A high chlorine demand means contamination with mustard, thioglycol, arsenicals, or pollution by organic waste materials. If the arsenic test is negative, the chlorine demand is a measure of contamination by mustard. However, the water may also be contaminated with the nitrogen mustards which do not react in the chlorine demand test.

12. *Action required if the water is found to be contaminated by chemical agents.*—Contamination discovered in otherwise suitable water should be reported promptly to the commanding officer, so that the matter can be brought to the attention of the officer responsible for decontamination.

(a) The commanding officer will establish the necessary safeguards to prevent men from drinking the contaminated water.

(b) An alternative source of uncontaminated water should be sought, and if found should be employed.

(c) If a source of uncontaminated water cannot be found, consideration should be given to moving to a different location, or to importing purified water.

(d) In any event, the contaminated water should not be used by men until it is decontaminated.

13. *Directions for the use of the kit.*—The field kit for water testing is designed as a reconnaissance kit. Its purpose is to screen out sources of water so contaminated with chemical agents that they cannot be rendered

potable by customary field treatment methods, such as chlorination in the Lyster bag. Individuals performing the tests must have normal color vision.

(a) Negative tests indicate water suitable for chlorination and may thereafter be used by troops.

(b) If any of the tests are positive, the water should not be used until a more complete analysis can be made.

(c) The main purpose of the kit is to detect contamination by chemical agents in *raw water*. *It is not designed for use in the testing of treated water.* Chemical reactions during water treatment invalidate the interpretations.

14. Procedures for tests.

(a) General directions.

(1) *Read directions thoroughly.*

(2) Obtain water sample in canteen cup without excessive disturbance of water source.

(3) Start arsenic test (par. (b) (1) below). While arsenic test is developing, carry out the other tests.

(b) Procedures.

(1) *Arsenic test:*

(a) Pour suspected water into the bottle (P) to mark on bottle.

(b) Place 2 tablets from vial A into the bottle. Shake to dissolve.

(c) Take a test strip from vial B by the top end. Carefully insert into the tube (H) bending the strip near the top so that it will remain on the upright tube. Touch only the top end of the strip. Keep dry.

(d) When the tablets (A) have disintegrated, add 5 tablets from vial C to the contents of the bottle (P).

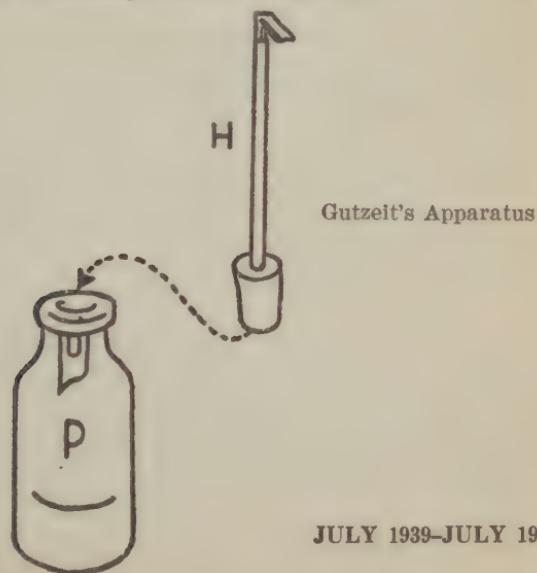
(e) Promptly fit the test paper assembly into the bottle.

(f) If cold, warm the bottle in your hands. Let react for 20 minutes.

(g) Remove the strip and note the length of the yellow to brown stain. A stain one-quarter inch or more indicates a positive test. A stain less than one-quarter inch indicates a negative test.

(2) pH test.

(a) Dip a strip of the nitrazine paper into the water until it becomes thoroughly wet. Remove and compare resulting color with color chart on case lid. pH less than 6 indicates possible contamination.



- (3) Mustard test (including nitrogen mustard and cyanogen chloride).
 (a) Rinse test tube with suspected water.
 (b) Carefully fill test tube to one-half inch depth with suspected water.
 (c) Add one tablet from vial D.
 (d) Shake for 3 minutes, to break up the tablet. Allow to stand for 5 minutes.

(e) During cold weather, warm tube in hand or inside pocket for additional 5 minutes.

NOTE: Yellow color after (d) or (e) is positive test for cyanogen chloride.

(f) Break one tablet from vial E in half and add both halves to water being tested.

(g) Shake until broken up. While shaking, watch for the development of any color.

(h) Observe for one-half minute against white background.

(i) Even a slight blue or red color (mainly in curd) indicates a positive test for mustard or nitrogen mustard.

(j) A yellow color indicates cyanogen chloride. In heavy contamination the yellow color appears before (3), (f).

(k) White or light gray color indicates a negative test for mustards.

(4) Chlorine demand test.

(a) Fill a canteen with water to within an inch of the top.

(b) Add three tablets from vial F, screw cap on and shake to dissolve. (2 to 5 minutes.)

(c) Five minutes after tablets have dissolved transfer treated water from canteen to plastic tube to bottom of yellow band of vial X testing set, filling the plastic tube to bottom of yellow band.

(d) Add one tablet from vial X, shake and note color when dissolved.

(e) A positive test is indicated by no color or color lighter than yellow band in plastic tube.

(f) A negative test is indicated by an orange color or color as deep as the yellow band.

(5) Taste and odor.

(a) If test b, (1), arsenate; b, (3), mustard; b, (4), chlorine demand, are negative, and pH is 6 or above, carefully smell and taste a small sample of the suspected water.

(b) A positive test is indicated by:

(1) A lacrimating or chlorinous odor.

(2) A biting and/or peppery chlorinous taste.

(3) Any taste or order of a known war gas.

(c) Absence of all tastes or odors will indicate a negative result but not necessarily a safe water. A negative test is also indicated by the presence of only those odors and/or tastes normally characteristic of natural waters.

15. Interpretations.

Test	Contaminated water (Water will be considered contaminated if one or more of the tests gives results as indicated in this column)	Noncontaminated water (Water will be considered suitable, after bacterial disinfection by usual methods, for 1 week if all the tests give results indicated in this column)
Arsenic test b, (1)-----	Positive-----	Negative-----
pH test b, (2)-----	pH below 6-----	pH above 6-----
Mustard test b, (3)-----	Positive-----	Negative-----
Chlorine demand b, (4)-----	do-----	Do-----
Taste and odor b, (5)-----	dc-----	Do-----

—Ross T McIntire.

44-123—Malaria—Recommendations for Suppressive Treatment (Chemo-prophylaxis)**RESTRICTED. P2-3/P3-1(012-41); 29 June 1944****To: All ships and stations**

1. General considerations.—a. Although there is no drug known which will prevent mosquito-borne infection with malaria, atabrine and quinine, when properly employed, delay the onset of symptoms of the disease. These drugs are therefore useful to keep men on their feet during urgent military operations when illness from any cause must be kept at an absolute minimum.

b. Eventually, when suppressive treatment is discontinued, many individuals who have been infected will become acutely ill with malaria. Recent evidence, however, indicates that when suppressive treatment with atabrine is taken as recommended a high proportion of infections with *plasmodium falciparum* will never become clinically active. In such cases it appears that continuous suppression may lead to complete cure. It also seems probable that suppressive treatment with atabrine may lessen the severity of symptoms when clinical activity supervenes during its routine use. Fortunately, increased parasite resistance to atabrine does not appear, even after prolonged suppressive usage. Clinical attacks which occur in spite of suppressive treatment respond promptly to further treatment with atabrine in the usual clinical doses.

c. A serious disadvantage in the use of suppressive treatment is that it may dangerously conceal the amount of malaria which may be gradually seeding a unit. The apparent freedom from malaria may lead to carelessness in the enforcement of malaria discipline. Commanding officers of such units are apt to regard truly preventive measures such as mosquito control and individual protective measures as not necessary. *If the risk of infection is sufficiently great to necessitate the use of suppressive treatment, it is all the more important to stress truly preventive measures.* As excellent as atabrine has proved itself in those military situations which deny the possibility of control by truly preventive measures, its continued use, to the neglect of and as a substitute for such measures, is inexcusable. As an illustration of the menace of silent seeding, one of the most serious outbreaks of malaria occurred in an organization which, prior to entering combat, employed suppressive treatment for many months. Later, upon entering combat, a large portion of previously accumulated latent cases became acutely ill. Malaria appeared in epidemic proportions at the very time suppression was most desired.

2. Drug of choice.—a. When suppressive treatment is essential, atabrine is the drug of choice. Not only does limitation of supply preclude routine use of quinine, but experience has shown that atabrine is more effective and, as a rule, is better tolerated and preferred by troops. In very rare instances, when individuals are unable to tolerate atabrine, quinine may be employed in 10-grain daily doses as a substitute, provided that a medical officer has specified that this is necessary.

3. Untoward effects of atabrine.—a. In the early phases of initiating a program of suppressive treatment, it is not uncommon for a certain proportion of individuals to show symptoms of intolerance. Under conditions of improper administration, a high percentage of untoward reactions has been experienced in occasional groups. Usually in such instances it is found that the drug was administered on an empty stomach. Often the fairly large

initial dose of two tablets (0.2 gram) will cause trouble in individuals; occasionally one tablet may do so. Reactions are unusual when one-half tablet (0.05 gram) is employed. Whenever diarrhea and enteritis have been prevalent in groups prior to the first administration of the drug, the amount of intolerance has been excessive. Concomitant seasickness is another predisposing cause for untoward reactions.

b. The most common untoward symptoms experienced are nausea and vomiting, usually coming on several hours after taking the atabrine. Abdominal cramps and diarrhea are not unusual. Later on, during the continued administration of the drug, a yellowish discoloration of the skin may appear. This is not a sign of toxicity, but is due to the dye character of the drug, and will disappear after the drug is discontinued.

c. After the phase of initial intolerance is over, it will be found that less than 1 percent of any group will be unable to continue with the drug. Medical officers, by correcting the mistakes pointed out above and by reducing the dose for temporary periods in individuals who experience difficulties, will find but rare cases of persistent intolerance.

d. Experience to date has given no evidence of toxicity from long-continued use of atabrine in suppressive doses. No ill effects whatever have been noted in large groups of men who have taken the drug continuously for more than a year. Extensive investigation has failed to show that atabrine in the usual doses has any effect upon the flight capacities of flying personnel. It is hardly necessary to state that widely circulated rumors that continued use of atabrine might cause impotence or sterility have no basis in fact whatsoever.

4. *Plasma concentration of atabrine during suppressive treatments.*—a. Although atabrine is promptly absorbed from the intestine, tissues must first be saturated before a plasma concentration of the drug effective for suppression of malaria is attained. Experimental studies indicate that half the maximum level attainable on a given suppressive dose is reached after the first week. Thereafter, the level increases at a rate of 50 percent per week. Thus, for practical purposes, it may be considered that the maximum level is attained at the end of the fourth week. Following cessation of administration, the rate of decline of the plasma level is also 50 percent per week. This knowledge concerning the rate of building up and dropping off of the plasma level can be used to advantage in determining proper doses of atabrine to employ during field operations when consumption of the drug by troops in combat is apt to be irregular.

b. The exact plasma concentration necessary to suppress symptoms is not established with certainty. In fact, it is likely that the required concentration is different in different individuals and perhaps varies from time to time in the same individual, depending upon physiological and other factors. It is known that there is great variability in the plasma level attained in a group of men given the same dosage of drug. However, with the dose recommended in paragraph 6a below, it appears probable that an effective level for suppression is maintained in all but a few exceptional individuals.

5. *Occurrence of clinical symptoms during suppressive treatment.*—a. In highly malarious regions, especially under the stress of combat, suppressive treatment may fail to prevent clinical symptoms in a certain percentage of cases. The factors that permit these "break-through" attacks are not definitely known but *by far the most important is failure to take the prescribed doses of the drug.* In practice, even under the best of conditions some doses

are missed. In combat, much greater irregularity in taking the drug generally prevails. For this reason recommendations are made in paragraph 6 below. For augmented dosage of atabrine to foresee and compensate for those conditions in which there is increased likelihood of failure to take the drug.

b. Clinical attacks occurring during suppressive treatment should be given a course of clinical treatment, following which suppressive treatment should be resumed, if still indicated.

6. *Administration of atabrine for suppressive treatment.*—a. The recommended method is to give one tablet of atabrine (0.1 gram, 1½ grains) daily at the evening meal, total of 0.7 gram per week. This routine dosage leads to relatively few cases of initial intolerance and virtually no cases of continued intolerance.

b. Under conditions of great military urgency, such as actual combat, the dose of atabrine may be increased for short periods to two tablets daily. It is important that these larger doses be administered only after troops have become adjusted to the smaller dosage routine, and that they be reduced promptly when the critical period is over.

c. Occasionally, after troops have returned from strenuous combat, a considerable number of "break-through" attacks may occur despite the prescribed administration of one tablet (0.1 gram) daily. Under such circumstances, the malaria rate may be reduced by giving three tablets (0.1 gram each) daily after meals, under medical supervision, for a period of 3 to 5 days. The routine schedule of one tablet daily should then be resumed.

d. Methods of increased dosage or "loading" may also be used in certain situations before men are sent into active combat in highly malarious regions. The administration of two tablets of atabrine (0.1 gram each) daily for 1 week preceding the mission will establish a plasma level sufficient to allow for possible irregularity in taking the drug during the succeeding week. Increased dosages should be employed only in critical situations where a high malaria incidence would present a hazard to the mission to be accomplished.

e. If conditions are urgent enough to necessitate suppressive treatment, it is equally urgent that a proper system for supervising the administration of the drug be required. This is the responsibility of the unit commander. It is recommended (1) that the drug be administered by roster to both officers and men; (2) that a competent noncommissioned officer witness the actual swallowing of the drug by each individual; (3) that, by checking the roster regularly, all individuals who have failed to take the drug be required to report and take sufficient dosage to equal the amount missed; (4) that men on detached duty, such as patrol, be given drug sufficient for the period they are to be away and explicit directions for taking it.

7. *When to start suppressive treatment.*—a. In the past, medical officers have on occasion instituted suppressive treatment in their organizations prior to arrival at a malarious base. Upon landing they have found that none of the other troops were employing chemo-suppression. On certain bases, control measures have succeeded to the extent that atabrine suppression is no longer required. Thus, before initiating a program of suppression, it is best to request instructions by dispatch from the area malaria-control officer. If specific instructions cannot be obtained, medical officers should advise their commanding officers to withhold atabrine until after arrival and consultation with the permanently based malaria-control unit at the ma-

larios base concerned. If atabrine is found to be indicated at that time, suppressive treatment may be started after arrival without any fear that the situation may get out of hand.

b. There are certain advantages in starting suppressive treatment 1 or 2 weeks in advance of exposure when it is known that suppression will be required. First, opportunity is afforded to discipline officers and men in the routine of taking atabrine. Second, such reactions of intolerance which may sometimes accompany the first few doses are experienced before the men engage in combat activities. Third, effective plasma concentrations of the drug are achieved earlier during the period of exposure.

c. Landing on a malarious base under active combat conditions demands that the routine of administration be well established before arrival. If the malaria situation appears to be potentially very dangerous, even "loading" (as described above) may be instituted during the preliminary period prior to landing.

d. In rare instances a medical officer will not be able to estimate satisfactorily the necessity of employing suppressive treatment, or he may not be convinced of its desirability under the peculiar circumstances in which his unit will function. In such a case the conservative approach is to place the majority of the unit on suppression, but to omit a sample of sufficient size as a control and determine by the incidence of malaria in that group whether atabrine should be continued on all, or whether it may be safely stopped.

e. In heavily seeded units which are to reenter combat after a period of relative inactivity it is usually advisable to increase the group mean atabrine blood levels, prior to the onset of combat activities, by administering "loading" doses as described above.

8. *When to discontinue suppressive treatment.*—a. Previously it has been recommended that upon withdrawal to nonmalarious or relatively nonmalarious areas suppressive treatment be stopped. In heavily malaria-seeded units, the results, even when the troops were staggered off treatment, have been most unsatisfactory. Hospital facilities have been flooded, and repeated relapses have been so numerous that major portions of units have been unable to rehabilitate or to undertake essential training maneuvers for periods of many months.

a. The present tendency is to continue to the employment of suppressive treatment in *heavily infected units* for the duration of their activities in the theater of war, whether upon a malarious or nonmalarious base.

c. In units evacuated to nongmalarious areas in which it is probable that heavy seeding with malaria has not taken place, the drug may be discontinued as follows: Stop the drug in a representative sample of two or three hundred men for a period of 4 weeks, but continue it in all others. This will permit an estimate of the amount of malaria to be expected in the entire unit and indicate whether suppression must be continued or can be safely stopped.

d. In any case where it is deemed advisable to stop suppressive treatment, it is preferable that atabrine in suppressive dosage be continued 4 weeks beyond the period of last exposure to malaria. Present evidence indicate that the employment of atabrine beyond the period of exposure will result in a "suppressive cure" in a considerable proportion of suppressed, latent *P. falciparum* infections.—*Ross T McIntire*.

44-124—Enlisted Ratings in Continental NavHosp, HospCorpScols and NMSD's; Information Concerning

P16-1/MM(01C); 1 July 1944

To: NavHosp, HospCorpsSchools, and NMSD's.

Ref.: (a) BuMed ltr., P16-1/MM(01C), 26 Apr. 1944.

(b) BuMed ltr., P16-1/MM(01C), 23 May 1944.

1. Upon receipt of this letter, reference (a) is further modified as follows:

(a) Add a paragraph 5 to read—"The inclusion of Sp (S), V-10, USNR, ratings in complement of United States naval hospitals may be approved when such ratings are specifically requested by medical officers in command."—*Ross T McIntire*.

44-126—Letter of Information and Instruction on the Use of Casein Hydrolysate (Amigen)

RESTRICTED. L4-2/JJ57(032); 3 July 1944

To: All medical officers.

Refs.: (a) BuMed News Letter Item: Nutrition in Convalescence, Vol. 3, No. 3, p. 9.

(b) BuMed News Letter Item: Parenteral Protein Administration, Vol. 3, No. 5, p. 4.

1. Amigen has been added to the supply catalog as follows:

Stock No.	Item	Unit
S1-2465.....	Enzymatic hydrolysate of casein and pork pancreas (amigen), powder (for parenteral use).	50-gm. can.
S1-2466.....	Enzymatic hydrolysate of casein and pork pancreas (amigen), 5% in 5% dextrose solution, 1,000 cc flask (for parenteral use).	6-in. case.

2. Amigen powder (S1-2465) is a stable product suitable for extracontinental shipment. The contents of a single can (50 grams) is the amount required to prepare, 1,000 cubic centimeters of a 5 percent solution for parenteral administration. Solutions of varying concentration for oral feeding may also be prepared from the powder. A pilot allotment of 1 case (48 cans) of amigen powder will be shipped from the Naval Medical Supply Depot, Brooklyn, N. Y., to all naval hospitals, special hospitals, fleet hospitals, base hospitals and hospital ships. Subsequent procurement will be by requisition.

3. Amigen solution (5 percent Amigen, 5 percent dextrose), in liter infusion flasks, is sterile and pyrogen-free, ready for immediate intravenous administration. This preparation is less stable, having a 6-months' expiration dating. Therefore, distribution will be limited to continental hospitals and to those extracontinental hospitals where rapid transportation will assure arrival at destination in adequate time for use within expiration dating. One case (6 flasks) of amigen solution will be shipped from the Naval Medical Supply Depot, Brooklyn, N. Y., to each continental hospital and to extracontinental hospitals where above-stated shipping conditions can be met. Subsequent procurement will be by requisition.

4. A leaflet prepared by the manufacturer describing Amigen, indications for its use and methods of preparation and administration of amigen solutions accompanies each case unit.

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5. Casein hydrolysate (amigen) is a dried enzymatic digest of purified casein and pork pancreas. The product is made by a process of digestion of casein and pork pancreas in which the pancreatic enzymes convert casein and the proteins of the pancreas almost entirely to amino acids, a small amount remaining as simple peptides. The amino acids contained include the 10 "essential" as well as certain nonessential amino acids.

6. Appropriate manufacture and laboratory control assure a product in powder form which is commercially sterile (the bacterial count is well below the pyrogenic level; hemolytic cocci and Esch. coli are absent.) and a product in solution (5 percent amigen, 5 percent dextrose) which is sterile and pyrogen-free. Appropriate testing of batches also assures a nonantigenic product capable of supporting growth in laboratory animals and having a metabolic value equivalent to orally ingested protein, as shown by comparative observations in nitrogen balance and plasma regeneration.

7. In a report of the Committee on Convalescence and Rehabilitation of the National Research Council on the nutritional aspects of convalescent care (reference (a)), it was pointed out that solutions of hydrolysate of casein, or other high-grade proteins, represent a physiologically acceptable method of providing nitrogenous food parenterally. Following a survey of the various preparations available for parenteral protein feeding, the committee reached the following conclusions:

Transfusion of whole blood and infusion of normal or concentrated plasma are not ordinarily thought of as nutritional measures. They are used for maintaining blood volume and circulation. Every 100 cubic centimeters of normal blood contains about 15 grams of hemoglobin and 6 grams of plasma protein. Hemoglobin is not suitable for replacement of tissue protein. However, injected plasma protein is metabolized to some extent and so provides a source of nitrogen nourishment and protects, in part at least, against tissue wastage.

Solutions of hydrolysates of casein, or other high-grade proteins, have recently been employed and, because food protein is normally hydrolyzed before absorption, represent a more nearly physiological method of parenterally providing nitrogenous food. Of the various hydrolysates available there is only one which is well utilized and will maintain nitrogen equilibrium. It is prepared by enzymatic hydrolysis of casein. Acid hydrolysates should have certain theoretical advantages; however, up to the present time, it has been impossible to produce acid hydrolysates without destroying certain essential amino acids, notably tryptophane. Mixtures of pure amino acids suitable for injection have definite advantages, but they are expensive and are not yet available in large quantity.

8. The importance of a constant positive nitrogen balance in wound healing and in resistance to infection has been well established. This was emphasized in reference (b), and the role of casein hydrolysate in meeting the large protein needs occurring in severe burns, wounds, and infections was discussed.

9. The indications for use of amigen in general include most cases usually recognized as requiring injections of dextrose and saline. The specific types of patients where the need is more direct and urgent may be grouped as follows:

(a) *Patients unable to take food by mouth.*—In this category are patients with gastrointestinal obstruction of any kind—from the mouth to the rectum.

Such conditions include esophageal spasm or stricture, carcinoma of the esophagus, stomach or colon, pyloric or intestinal obstruction, intussusception, perforation of the intestine, diverticulitis of the colon, etc.

To such conditions may be added intractable vomiting, pyloric stenosis, or prolonged anorexia in which even tube feedings are not retained.

(b) *Patients who should not take food by mouth.*—In many patients the ingestion of food is deleterious, and the gastrointestinal tract is in need of complete rest. Frequently included in this group are cases with severe infection of the gastrointestinal tract, such as: Generalized peritonitis, esophagitis, gastritis, gastroenteritis, ulcerative colitis, typhoid fever, severe diarrhea or dysentery. Included also in this category are all postoperative patients in whom an anastomosis or other surgical procedure is performed on the gastrointestinal tract. Battle casualties with perforated wounds of the abdomen, peritonitis, or those requiring subsequent extensive repair are necessarily included in this group.

(c) *Patients who cannot take sufficient food by mouth.*—In such cases it may be important to correct an existing deficiency more rapidly than is possible by the oral route alone. Patients who have suffered from exposure and malnutrition due to inadequate food supply, or those who have been sick and are severely malnourished because of the associated anorexia belong in this category. Others who are extremely malnourished and are unable to eat enough food to correct the deficiency in a reasonable period before operation likewise are benefited by amigen. In nutritional edema, or in the presence of severe hypoproteinemia, parenteral administration of amino acids, in the form of amigen, is indicated.

Patients with severe wounds and burns require large quantities of protein to correct their protein depletion. Furthermore, to maintain nitrogen balance essential to healing and tissue regeneration, it is necessary in these cases to continue a high level of protein intake because of excessive protein catabolism, protein loss in blood and exudates, and protein required for new tissue. These patients rarely can meet their large protein need by ingestion of food. By the use of amigen orally and parenterally the protein deficit may be rapidly corrected and nitrogen balance maintained.

Patients with high fever, and accompanying anorexia, likewise profit by supportive amino acid treatment with amigen.

(d) *Patients who cannot assimilate protein.*—Acute infections may diminish the secretion of proteolytic enzymes. It is quite possible that much malnutrition, especially in infancy and in senility, is due not so much to inadequate food intake as to poor assimilation. In nutritional edema the gastrointestinal tract may become involved, leading to imperfect digestion. Specifically, a need for amigen has been demonstrated in intractable diarrhea, ulcerative colitis and pancreatic fibrosis. In such conditions, proteins are often improperly hydrolyzed or poorly absorbed. Inability to metabolize protein properly may be important in the etiology of delayed fracture healing.

10. One liter of 5 percent Amigen, 5 percent dextrose solution for parenteral administration may be prepared from one (50-gram can) of amigen powder as follows:

(a) All glassware and equipment used for preparation should be thoroughly cleansed, rendered pyrogen-free and sterilized before use.

(b) Pour the contents of a 50-gram tin of amigen powder onto the surface of 350 cubic centimeters of warm (100° to 130° F.) pyrogen-free distilled water and dissolve with stirring.

(e) Weight half gram of solid sodium hydroxide, dissolve in 25 cubic centimeters of distilled water and add to the above amigen solution with stirring. Add an additional 100 cubic centimeters of pyrogen-free water to make 500 cubic centimeters of a 10 percent solution of amigen.

NOTE: In the manufacture of amigen powder the pH is controlled at 5.5, hence the addition of this amount of sodium hydroxide may be depended upon to increase the pH to 6.5, the level desired for parenteral use. The margin of safety of this neutralization procedure is very wide since, when unneutralized (pH 5.5), the solution causes no ill effects upon administration and when overneutralized (pH 7.5), a gross precipitation occurs upon autoclaving, indicating unsuitability for intravenous or subcutaneous injection.

(d) Filter through lint-free, sterile filter paper into a liter bottle or flask. Filtration is speeded by the use of a fluted funnel, or by folding the filter paper or placing applicators between the paper and funnel.

(e) Plug with lint-free material and immediately autoclave for not less than 15 minutes at 10 pounds pressure.

NOTE: Absorbent cotton enclosed in lint-retentive cloth makes a convenient plug.

(f) The 10 percent solution thus prepared and sterilized by autoclaving is not stable and tends to deposit a fine sediment in from 2 to 5 weeks. This can be seen on the bottom of the container as a dustlike material which disappears in a small cloud when the bottle is whirled. Solutions with sediment should be discarded. The 10 percent solution may be stored at room temperature, although storage in a cold place will delay appearance of the sediment.

(g) Mix equal volumes of the 10 percent amigen solution and 10 percent dextrose solution aseptically in an infusion flask just before administration. This gives a final concentration of 5 percent amigen and 5 percent dextrose.

Precautions.—Rigid asepsis is very important in the preparation and administration of amigen solutions because such solutions are excellent media for bacterial growth. The following precautions must be carefully observed:

(1) A turbid solution indicates bacterial contamination and must be discarded.

(2) Discard if the solution contains any sediment or particulate matter.

(3) When a flask of amigen solution has been opened, it should all be given during the injection. Any part not used must be discarded because of the danger of contamination.

(4) Amigen solutions should not be given from the same infusion apparatus as plasma without thorough cleansing, since the small amount of calcium in amigen may react with the anticoagulant of the plasma if small amounts remain in the apparatus.

(5) Only clear, sterile, nonpyrogenic solutions should be injected.

Pyrogen.—Amigen powder as manufactured is free from pyrogen, and adequate precautions must be taken that solutions made from the powder are also pyrogen-free. Water may contain pyrogen because (1) the receiver or glassware is contaminated, (2) the still is not properly designed with suitable baffles to prevent the entrainment of spray, (3) the water undergoing distillation is so heavily contaminated with pyrogen that a single distillation will not be adequate, (4) the still is run too close to maximum capacity, or (5) the distilled water is not promptly sterilized after collection.

11. To assure removal of pyrogens from glassware used in the preparation and administration of amigen solutions, the glassware should be thoroughly

washed with soap and water, rinsed with tap water and cleaning solution, again with tap water and finally with pyrogen-free distilled water. The glassware should then be allowed to dry, mouth down, and, within 2 hours of rinsing, be sterilized by autoclaving at 15 pounds pressure for 15 minutes.

Rubber tubing, through which plasma or crystalloids have been administered, may be rendered pyrogen-free for use with amigen by immediately flushing out with large amounts of tap water and then with pyrogen-free distilled water, using 1 liter for each 30 to 40 inches of tubing. When used tubing cannot immediately be cared for in this manner, it should be put to soak in tap water until it can be cleansed and then boiled for 15 minutes in 5 percent sodium hydroxide, 5 percent sodium carbonate or 3 percent sodium phosphate. After boiling, the alkali should be removed by thorough flushing with tap water, rinsed with distilled water, dried and autoclaved at 15 pounds pressure for 15 minutes.

Needles may be prepared for use by cleaning with a solution of green soap and 5 percent phenol, rinsing with 70 percent alcohol and sterilizing with the tubing.

When reassembling a plasma set for use with amigen, the filter may be omitted and the long delivery tube attached directly to the short needle connector.

12. The 5 percent amigen, 5 percent dextrose solution prepared as described and contained in a liter infusion flask stoppered with a standard rubber stopper is ready for immediate intravenous administration. The standard tubing and needles supplied with the plasma transfusion units or intravenous sets may be used in the same manner as they are used in giving plasma, glucose or saline. The 5 percent amigen, 5 percent dextrose solution prepared by the manufacturer for parenteral use is contained in a liter flask stoppered with a plain rubber stopper. Administration is most conveniently accomplished by the technic used to administer plasma.

13. No serious or anaphylactic reactions may be expected following the administration of properly prepared amigen solutions. The appearance, during administration, of nausea and vomiting indicates too rapid intravenous injection. The speed of injection at which this reaction may occur varies in individuals. The average adult will tolerate the injection of a liter of amigen, 5 percent dextrose 5 percent over a period of 2 hours with no complaint.

14. Amigen solutions may safely be given subcutaneously and are usually absorbed rapidly. It is preferable that the solution be isotonic. Suitable solutions can readily be prepared by dilution of the 10 percent amigen solution. The addition of two volumes of physiological saline to one volume of amigen solution 10 percent gives the preferred solution for subcutaneous use.

15. A 5 percent or 10 percent solution of amigen is suitable for oral or gastric tube feeding. Dilution with an equal volume of 10 percent or 20 percent dextrose is preferable for jejunal or enterostomy tube feedings. It is best under all circumstances to feed small amounts frequently (50 to 150 cubic centimeters per hour). The flavor of amigen may be improved by adding salt to a concentration of 0.5 percent NaCl or by dissolving in carbonated drinks or fruit juices.

16. The daily dosage of amigen solution to be administered is the volume of solution required to cover the patient's protein needs. For practical purposes 1 gram of amigen powder is equivalent to 1 gram of protein. The

daily requirement for the normal adult is approximately 1 gram of protein per kilogram of body weight. For a protein-depleted patient 2 grams of protein per kilogram of body weight is the average daily requirement; 3 grams of protein per kilogram of body weight is the usual protein intake prescribed for children. This level may be required by adults suffering from severe protein depletion or severe burns; 5 grams of protein per kilogram of body weight is the daily requirement for the protein-depleted infant or child and occasionally for the protein-depleted adult who is rapidly losing protein. When more than 3 liters of amigen solution are required to meet the protein requirement, it is preferable to use oral or tube feeding in addition to parenteral administration.

17. The Bureau will appreciate receiving reports of amigen-treated cases which are considered of unusual interest. In event of any untoward reactions following administration of amigen, reports will be submitted giving the lot number and pertinent details.—*Ross T McIntire*.

44-127—Night Vision Testing of Ship's Crews in Port, Personnel of Fleet Operational Training Activities and Personnel Temporarily Attached to Receiving Stations

P2-5/P3-1(103-51); 4 July 1944

To: NDs.

Ref.: (a) BuPers-BuMed Restr. Cir. Ltr. P2-5/P3-1(103-51), 22 Mar. 1944.

1. Attention is directed to reference (a), particularly with respect to paragraph 29.
 2. It is desired that the testing of subject personnel be expedited.
 3. Commandants are requested to arrange for darkroom facilities, convenient for the testing of subject personnel.
 4. Commandants are further requested to cooperate in accomplishing the testing of ships' crews while in port and the personnel of fleet operational training activities, and to administer the testing of personnel temporarily attached to receiving stations.—*Ross T McIntire and L. E. Denfield*.
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44-129—Forwarding of Subcultures of All Enteric Pathogens

P2/P3-1(064); 5 July 1944

To: All ships and stations.

1. Dysentery and other diarrheal disorders are still responsible for a considerable part of the sick days lost by our naval personnel.
2. In order that the prevention and treatment of these conditions may be made more effective, it is imperative that information as to their frequency and specific etiology be obtained.
3. It is therefore directed that officers in charge of laboratories of naval hospital dispensaries, hospital ships, and epidemiology units, and of all other laboratories doing definitive bacteriology, shall forward via official channels to the enteric pathogen laboratory, Naval Medical School, National Naval Medical Center, Bethesda, Md., subcultures of all strains of enteric pathogens isolated in their laboratories. These shall include all members of the *Salmonella*, *Shigella*, *Pseudomonas*, *Proteus*, and *Paracolon* groups. The

cultures shall be forwarded on plain infusion or nutrient agar slants. In order to conform with Postal Regulations (title IV, par. 589, subpar. 3, 1940) the tubes shall be stoppered with cork or rubber stoppers, or sealed with wax, and shall be mailed in double containers, one of which is of wood or metal. The tube shall be completely and evenly surrounded by absorbent cotton or other suitable absorbent packing material. A brief summary of pertinent clinical and epidemiologic information concerning the case from which the organism has been isolated shall be included whenever possible.

4. Upon completion of the identification and typing of the organism submitted, a report will be forwarded from the enteric pathogen laboratory at the Naval Medical School to the ship or station from which the culture originated.—*Ross T McIntire.*

44-130—Cadet Nurses—Reporting of Hospitalization of

A11/EE12(014-43); 5 July 1944

To: NavHosp., (Chelsea, Portsmouth, San Diego, Oakland, Seattle, St. Albans)

Ref.: (a) Act of 15 June 1943, Public Law No. 74, 78th Congress.
(b) Act of 4 Mar. 1944, Public Law No. 248, 78th Congress.
(c) Par. 4141, Medical Department, USN.
(d) United States Employees' Compensation Commission Regulations Governing the Administration of the United States Employees' Compensation Act of 7 Sept. 1916, as Amended, Relating to Civil Employees of the United States, and as Extended to Emergency Relief Employees and Others, effective 1 June 1938, as amended to 30 June 1939.

1. Reference (b) amended reference (a) to the extent that during the period of training, student nurses shall also be entitled to necessary medical and hospital care in Federal hospital facilities. Should any student nurse so transferred and in training suffer disability or death while in the performance of duty, she or her dependents shall be entitled under the same conditions and to the same extent, to the benefits which are provided for civil employees of the United States by the Act of 7 Sept. 1916, as amended (39 Stat. 742; 5 U. S. C. 751-793).

2. Therefore, in addition to maintaining complete individual medical case records and reporting of the subject personnel in the same manner as naval personnel in accordance with current instructions of reference (c), all of the prescribed Employees' Compensation Commission forms shall be completed in each individual case and forwarded directly to the Commission in accordance with the MMD and the instructions outlined in reference (d). However, the prescribed E. C. C. forms and reports shall be submitted to the Employees' Compensation Commission in every case of illness or injury of a cadet nurse, whether or not disability has arisen and whether or not such illness or injury was sustained in the performance of duty. The completion of these medical records and forms is of utmost importance both to the Government and to the individual and should receive prompt attention from those charged with the custody of the medical records of the personnel concerned.

3. Inasmuch as no reimbursement for the hospitalization of these personnel will be obtained by the Bureau, detailed reports of hospitalization of cadet

nurses are not required, neither shall they be included in reports of hospitalization of beneficiaries of the Employees' Compensation Commission.

44-133—Malaria—Recommendations Concerning the Treatment of Clinical Malaria

RESTRICTED: P2-3/P3-1(012-41); 10 July 1944

To: All medical officers

1. *Choice of drug.*—The three drugs which have been most widely used in the treatment of clinical malaria are atabrine, quinine, and plasmochin.

(a) *Atabrine* (Quinacrine hydrochloride, U. S. P.; Mepacrine in British usage): Evidence indicates that atabrine is as effective as quinine and in many respects is to be preferred. This fact and the critical shortage of quinine dictate the routine employment of atabrine. A clinical response slower than that obtained with quinine, which was formerly a disadvantage of atabrine, has been overcome by the employment of higher initial doses. Another former objection, the so-called toxicity of atabrine, has not been substantiated by wide experience. The toxicity of atabrine now appears to be less than that of quinine.

(b) *Quinine.*—A few indications which demand the use of quinine derivatives remain: atabrine may not be available, and rarely is an individual who will show an intolerance to the drug. It is also generally agreed that quinine, intravenously, is preferable in patients critically ill with malaria, as it appears to be a less dangerous drug than atabrine administered intravenously and more rapidly acting than atabrine administered intramuscularly.

(c) *Plasmochin.*—This drug has been combined with quinine in the treatment of malaria or has been used to follow a course of atabrine. It is not efficacious as the sole drug for therapy. The toxic and therapeutically effective doses tend to coincide. Formerly its use was advised on the theory that it would reduce the relapse rate in *P. vivax* infection. Recent evidence discloses no appreciable effect in this regard. It has some action in the destruction of gametocytes, and consequently may be useful in reducing the spread of malaria. In certain cases, where gametocytes persist in the blood stream following the usual treatment with atabrine or quinine, the addition of a course of plasmochin may be useful in destroying these sexual forms.

2. *Laboratory diagnosis.*—Where competent film examination of the blood is possible, it is inexcusable to start specific chemotherapy without a positive laboratory diagnosis. The urgently ill case in which no delay can be safely permitted is an exception. The habitual employment of atabrine or quinine in all fevers occurring in a malarious area without prior demonstration of the Plasmodium is a dangerous practice which on occasion will result in the death of a patient. A negative thick film casts doubt upon the diagnosis of malaria and should lead to close observation to determine if the fever is of other than malarial etiology. Occasional cases with negative smears, however, may be dangerously ill with malaria.

(a) *Under combat conditions.* or in other situations where laboratory facilities are lacking, it may become necessary to treat patients without

confirmation of the diagnosis by blood smear. Keen observation then becomes essential so as not to miss the occasional case of meningitis, pneumonia, or other febrile disease which may simulate and mistakenly be assumed to be malaria.

(b) *Importance of species diagnosis.*—Where possible, in addition to parasite diagnosis, species diagnosis should be attempted. A diagnosis of *P. Falciparum* infection will dictate close observation of the patient for the onset of pernicious symptoms; furthermore, relapse may be predicted as being unlikely. In contrast, a patient with a *P. vivax* infection is less likely to develop critical symptoms, but is apt to have repeated relapses over a prolonged period.

(c) *Verification of technical proficiency.*—It is important to note that the accurate diagnosis of malaria by either thin or thick film technic requires prolonged experience, particularly in the case of the thick film technic. False-positive diagnoses in which blood platelets are mistaken for Plasmodia are the most common errors. Technicians should be required to check continuously with other competent laboratories to determine the reliability of their own work.

3. *Drug intolerance and toxic manifestations in the use of atabrine, quinine, and plasmochin.*—Each of these drugs may give rise to untoward symptoms in occasional individuals. Severe reactions are most common with plasmochin.

(a) *Atabrine.*—Toxic symptoms of any type, attributable to atabrine, are unusual in the treatment of clinical malaria. Symptoms of nausea, vomiting, diarrhea, abdominal cramps, and headache have been reported in some normal individuals when first taking atabrine for suppressive treatment. These symptoms are uncommon when the drug is administered for the treatment of a clinical attack and are more apt to be due to malaria than to the drug. Mild excitement has occasionally been ascribed to the effect of atabrine; rarely, there have been reported acute maniacal psychoses which subsided on withdrawal of the drug and recurred on readministration. Occasionally urticarial and scarlatiniform rashes, and rarely exfoliative skin reactions, have been reported. The etiological relationship of atabrine with these toxic manifestations has not always been conclusively demonstrated. While it is well to appreciate the toxic possibilities, experience with the drug will, in the vast majority of cases, tend to emphasize its relative nontoxicity. Exceeding the recommended dosage, however, may lead to toxic effects. The drug is a yellow dye, and the occurrence of a yellow skin deposit in most cases should not be interpreted as a toxic manifestation.

(b) *Quinine.*—In the great majority of patients the administration of quinine leads to few untoward effects. Effective therapeutic dosage, however, is usually accompanied to a variable degree in almost every patient by one or more of the following symptoms of cinchonism: tinnitus, nausea, gastric distress, dizziness, temporary deafness, tremors and palpitation. These milder symptoms indicate adequate blood levels for favorable therapeutic action but are quite objectionable to many patients.

More rarely severe untoward reactions occur which are definitely ascribable to quinine. These are generally allergic in nature. Suspicion also points to quinine as an important precipitating factor in blackwater fever.

Prolonged use of quinine has been reported as a cause of permanent impairment of hearing.

(c) *Plasmochin*.—Effective doses of this drug frequently lead to toxic manifestations. Symptoms include abdominal pain (which may be severe enough to require morphine), nausea, vomiting, headache, dizziness and drowsiness. Acute yellow atrophy of the liver, jaundice, cyanosis, circulatory collapse and hemoglobinuria are the more rare and exceedingly dangerous effects of the drug.

4. *Recommended treatment for clinical malaria*—(a) *Uncomplicated malaria (patients able to retain oral medication) and parasitemia without symptoms*.—Atabrine dihydrochloride 0.2 gram (3 grains) is given orally every 6 hours night and day for five doses; followed by 0.1 gram (1½ grains) three times daily after meals for 6 days (total of 2.8 grams in 7 days).

(b) *Malaria complicated by vomiting (patients unable to retain oral medication)*.—Atabrine dihydrochloride 0.2 gram (3 grains) in 5 cubic centimeter sterile distilled water is injected intramuscularly with the usual precautions into each buttock (total 0.4 gram or 6 grains). If necessary, one or two additional doses of 0.2 gram (3 grains) may be given intramuscularly at intervals of 6 to 8 hours. As soon as the patient can take and retain oral medication, atabrine should be given by mouth in such dosage as to give a total by both routes of 1.3 grams in 48 hours, followed by 0.1 gram three times a day after meals for 5 days (total 2.8 grams in 7 days). Intramuscular atabrine might well be used where serious illness threatens or where malaria is complicated by other diseases. A maximum blood concentration of the drug is obtained about 1 hour after the intramuscular injection.

(c) *Malaria complicated by coma or impending coma, or by high parasite blood film density (P. falciparum infections), even when patient does not appear critically ill (par. 7c (2))*.—Quinine dihydrochloride 0.6 gram (grains 10) in 300-400 cubic centimeters of sterile physiological saline is injected very slowly intravenously. This treatment may be repeated in 6 or 8 hours if required, but it will be better to anticipate the need by giving intramuscular atabrine immediately following the intravenous quinine. Quinine given intravenously is eliminated in about 3 hours. When the patient can take and retain oral medication, a complete course of atabrine should be given as described above for uncomplicated malaria.

5. *Alternative treatment schedules*.—The drug routine recommended in paragraph 4 will be effective in the vast majority of cases. In the past, in the hope of lessening the number of relapses, almost every conceivable variation of these methods has been attempted. These variations have embraced increased dosage and prolongation of administration of various drugs, singly or in combination, all without appreciable increase in therapeutic efficacy. Deviation from the recommended schedules therefore should be only for the purpose of meeting specific individual needs. The routine use of quinine is specifically prohibited by directive, and is to be employed only when atabrine is not available, when there is a serious intolerance to atabrine, or when a change in medication is deemed advisable owing to repeated relapses following atabrine therapy.

(a) *Quinine by mouth*.—The sulfate or the hydrochloride (the latter is more readily absorbed) should be given in doses of 1 gram (15 grains) by mouth after meals three times daily for 2 days followed by 0.6 gram (10 grains) three times daily for 5 days.

(b) *Quinine intramuscularly.*—Quinine dihydrochloride, 1 gram (15 grains), is given in 10 cubic centimeters of sterile physiological saline. *Sterile technic should be scrupulous*, the injection being made into the buttock, care being taken to avoid the large nerves and vessels. The area of injection should be massaged for 2 or more minutes. Intramuscular quinine has gained a reputation as being dangerous owing to abscess formation. However, its routine use without ill effects has also been reported. Oral medication should be resumed as soon as possible.

(c) *Plasmochin:* (see indications in par. I (c)).—The drug may be given concurrently with quinine or immediately following atabrine but, because of additive toxic effect, never with atabrine. It is given in doses of 0.01 gram ($\frac{1}{6}$ grain) by mouth three times daily after meals for 4 days. *The drug should be administered under careful medical supervision. It should not be given to debilitated patients. Each dose should be accompanied by at least 1 gram of sodium bicarbonate.* Toxic symptoms of various degrees are apt to occur in the above dosage; the occurrence of any toxic symptom requires that the drug be discontinued promptly.

6. *General care.*—(a) Keep the patient in bed in screened ward or under a mosquito net and maintain fluid intake at 3 to 4 liters daily. If necessary, fluids should be given intravenously. Sweetened tea and fruit juices are usually well accepted by the patient. If sweating leads to considerable fluid loss, the chloride level should be maintained with salt administration. Hot water bags and blankets should be used during the chill; cold sponges and packs are indicated when fever is high. Antipyretics are contraindicated since they tend to mask the true nature of the patient's condition. When sedatives are required, judicious use should be made of the barbiturates.

(b) When nausea or vomiting is present, stop the intake of solid food, particularly when a paroxysm of fever is expected. Give sips of alkaline water. If vomiting becomes frequent, administer glucose intravenously, using a 5-percent solution in physiological saline. One milligram of thiamine hydrochloride for each 25 grams of glucose should supplement glucose administration.

(c) Convalescence from uncomplicated single attacks of malaria is usually rapid. Such patients should not be kept in the hospital an undue length of time. Patients who have had many attacks of malaria, especially when the intervening intervals are short, may remain for an excessively long time in a debilitated and depressed state. Patients who have injuries or other diseases often fall in this group. In such cases, full use should be made of available measures to hasten recovery including:

(1) Diets which are liberal and well planned both as to vitamin and nutritive value and as to attractiveness and palatability.

(2) Vitamin supplements.

(3) Iron replacement, if anemia is present (ferrous sulfate 0.6 gram (10 grains) three times a day after meals).

(4) Physical therapy in suitable forms.

(5) Adequate rest and sleep, with judicious use of sedatives.

(6) Where feasible, the patient should enter a reconditioning program as soon as possible.

7. *Practical points in the management of malaria*—(a) *Pertaining to diagnosis*—(1) *Suspect malaria regardless of admission diagnosis.*—It is a cardinal point that where the possibility of malaria exists, the diagnosis of

malaria should be considered on every admission even if the symptoms and signs may at first appear to be unrelated to malaria. Malaria is apt to manifest itself in many guises. Fever is not always present; indeed, a patient critically ill with the disease may have a subnormal temperature.

(2) *Importance of laboratory confirmation of clinical diagnosis.*—Repeated thick films should be studied by competent technicians in every case in which the diagnosis of malaria is a possibility. Most authorities agree that over 90 percent of patients with malaria will, with competent examination, show malaria parasites on the first or second film examination, provided the patient has not recently been under antimalarial treatment. The symptoms and signs of a patient repeatedly showing negative thick films are almost surely not due to malaria.

(3) *Significance of clinical response to specific therapy.*—Where a clinical diagnosis of malaria has not been confirmed by laboratory examination, favorable response to antimalarial drugs does not prove that the fever was of malarial origin. On the other hand, failure of response (when it can be assured that the patient has taken and has absorbed the drug) is an almost positive indication that the case is not of malarial etiology.

(b) *On the prior use of suppressive treatment—(1) Parasitemia in hospital admissions (irrespective of admission diagnosis).*—In certain highly endemic areas as many as 95 percent of the men exposed develop latent malaria while on atabrine-suppression regimes. Thus when atabrine is stopped during hospitalization for any cause, a parasitemia, often accompanied by clinical symptoms, is apt to develop and to confuse the true condition. The finding of parasites in the blood of such patients may be unassociated with the complaints for which the patient was admitted. However, these patients should be treated as for clinical malaria (par. 4).

(2) *Absence of parasite resistance in prolonged atabrine usage.*—Experience with atabrine indicates that the parasite does not develop a drug resistance following continued atabrine suppressive treatment. Patients "breaking through" atabrine suppression, even when suppression has been continued for prolonged periods, promptly respond to the doses recommended for the treatment of clinical malaria.

(3) *Effect of suppressive treatment on the detection of parasites in clinical break-throughs.*—The employment of suppressive treatment prior to a clinical break-through does not appear to reduce appreciably the chance of demonstrating Plasmodia in thick films.

(4) *Treatment in asymptomatic parasite-positive cases.*—Individuals who have been under suppressive treatment may show parasites and yet present no clinical evidence of malaria. In such cases the patient should receive the same course of chemotherapy as the acute case.

(5) *Factors precipitating clinical malaria from latency.*—Patients ill from other causes who have been on suppressive treatment are especially apt to come down with clinical symptoms of malaria. Surgical operations, trauma and shock are particularly apt to precipitate clinical attacks. Patients likely to have latent malaria should promptly be given full therapeutic treatment when malaria is superimposed upon another condition.

(c) *In P. falciparum infections.—(1) Rapid development of critical symptoms.*—The very sudden onset of pernicious symptoms in malignant tertian malaria is sufficiently common to require very close observation of patients with this type of malaria. The presenting symptoms in *P. falciparum* infections may be of a very acute nature. Patients who a few hours previously

appeared well may be admitted in coma or in convulsions; hyperpyrexia or a subnormal temperature may be present. In the critical cases the condition of the patient usually requires that intravenous therapy be immediately instituted without waiting for laboratory confirmation of the diagnosis.

(2) *High parasite densities in P. falciparum infections.*—When the proportion of red cells infected with Plasmodia exceeds a ratio of 1 in 20, a critical condition of the patient is impending, if not already present, and energetic specific therapy is indicated. Usually, intravenous medication should be given at once.

(3) *In cerebral malaria.*—Lumbar puncture is indicated as a therapeutic adjunct in cerebral malaria. The spinal fluid should be drained off until the pressure is normal or even subnormal.

(d) *Pertaining to treatment in special circumstances.*—(1) *Species differences: relapse versus primary cases.*—The treatment recommended above is in general satisfactory, regardless of the species of plasmodia, whether the case is a primary infection or a relapse.

(2) *Parasitemia without clinical evidence.*—These cases should receive the same treatment as those patients with uncomplicated clinical malaria.

(3) *Interval treatment in the absence of parasitemia or clinical manifestations.*—There is no evidence that repeated courses of therapy as recommended for the clinical attack when given during asymptomatic intervals is of any benefit. Continuous suppressive therapy, however, may be indicated when the patient suffers frequent relapses with marked debilitation.

(4) *Failure of clinical response in laboratory-confirmed cases of malaria.*—Patients who show either clinical or parasitic relapse during or shortly after a full course of atabrine therapy should be carefully studied to see that they are actually taking the prescribed dosage. When failure to take the drug can be ruled out, poor absorption is the probable explanation. The intramuscular administration of atabrine may then be resorted to, or a change to quinine may be tried. (See par. 5.)

8. *Postmortem examination.*—When a death is presumably due to malaria, certain procedures are indicated for confirmation of the cause of death:

(a) A careful description of the gross appearance of the liver, spleen, and brain should be recorded. Sections of these organs, accompanied by complete history of suppressive treatment and clinical course, should be forwarded whenever possible to the Naval Medical School, Bethesda, Md.

(b) More important, smear preparations should be made of the bone marrow, splenic pulp and brain tissue. These preparations must not be too thick, and tissue must be teased out into a thin layer.

c. All smear preparations should be fixed with methyl alcohol and stained with Giemsa. Tissue for sectioning should be cut into blocks 1 centimeter in diameter, fixed with Zenker's solution for 8 to 10 hours, washed in several changes of water or in running water for about 6 hours, and then be preserved in 70 percent ethyl alcohol to which tincture of iodine has been added in sufficient amount to tint the solution a straw color.

9. *Note on the course of malaria.*—*Falciparum* infections, in comparison with *vivax* malaria, have relatively little tendency to relapse. *Vivax* infections relapse as time goes on in a decreasing proportion of the original group. Whereas second attacks may occur in 60 percent of those infected, tenth attacks probably affect only 1 percent or less. The interval between attacks tends to be about 4 weeks, but may be shorter or much longer. In general, later attacks tend to be briefer and milder than early attacks, but

there are many exceptions. No criterion of cure is available. As a rough approximation, it may be said that when 6 months have passed without an attack, the patient not taking suppressive therapy during that time, the further occurrence of numerous relapses is unlikely. Attacks after 2 or 3 years are believed to be unusual.

10. *Note on the action of atabrine and quinine—(a) Absorption and plasma level.*—Both of these drugs are rapidly absorbed from the gastrointestinal tract; under ordinary conditions the rates of absorption are not significantly different. Their efficacy is dependent upon their concentration in the circulating blood plasma. The effective plasma level of atabrine is very much lower than that of quinine. Quinine is taken up by the tissues to a smaller extent than atabrine, and effective quinine plasma concentrations, therefore, are usually attained promptly. Atabrine at first is taken up to a much greater extent by the tissues, so that effective levels in the plasma are reached only as certain tissues become more or less saturated. The method of administering atabrine which is recommended in paragraph 4 (a) above, includes the administration of a relatively large amount in the first 24 hours which acts as a "loading" or "priming" dose. By this means a therapeutic effect is secured as rapidly with atabrine as with quinine when both drugs are given by mouth. This method has been used extensively and has proved to be highly satisfactory in the treatment of the vast majority of acute attacks.

(b) *Duration of effect.*—Any quinine given orally is, for practical purposes, completely eliminated in 48 hours. After a therapeutic course of atabrine, elimination of the drug may not be complete for several weeks. During the latter part of this time, however, the plasma level is far below the threshold of therapeutic efficacy. Nevertheless, an effective level is often maintained for at least 3 weeks. In this connection, it has been shown that the average interval between attacks is much longer following a course of atabrine than it is after quinine.

(c) *Relation to the parasite.*—Available evidence shows that atabrine cures falciparum infections. Whether or not quinine also does is uncertain. Both atabrine and quinine rapidly bring about the destruction of vivax trophozoites. Neither of these drugs can be shown to have any influence on the probability of subsequent relapses in vivax malaria. It would appear that a form of the vivax parasite, neither sporozoite nor trophozoite, which is not susceptible to atabrine or quinine, must exist. The persistence of such forms may be an explanation of the occurrence of vivax relapses.—*Ross T McIntire.*

44-135—Assignment of Red Cross Personnel With Medical Department in Overseas Service

HJ/EF (032); 12 Jul 1944

To: All ships and stations.

Encl.: (A) Outline of Red Cross aid in evacuation of casualties.

1. The Chief of Naval Operations has approved the assignment and utilization of Red Cross personnel with the Medical Department at naval base hospitals and fleet hospitals, in hospital ships, and in the evacuation of casual-

ties in ambulance transports and other transports designated for this purpose.

2. Medical officers in command of naval base hospitals and of fleet hospitals now in commission overseas, and the commanding officers of hospital ships operating overseas, shall request assignment of Red Cross personnel (male or female) through official channels from the Red Cross delegate responsible for Red Cross services in the particular theater in which located or operating. The services to be rendered to patients are those outlined in article 1474, Navy Regulations, 1920 (NavDeptBul., vol. IV, No. 2, 31 Jan 1944). Base hospitals and fleet hospitals being organized in continental United States, and hospital ships outfitting, shall make request for Red Cross personnel to BuMed.

3. Commanding officers of ambulance transports or other transports designated for the evacuation of casualties will be guided by enclosure in requesting Red Cross personnel. Only male personnel will be assigned. Request should be directed through official channels to the Red Cross delegate having jurisdiction of the area through such Red Cross agency as may be operating in the port from which the casualties are to be evacuated.

4. The assignment of female Red Cross personnel to naval base hospitals and fleet hospitals to which members of the Navy Nurse Corps are attached, and to hospital ships, has been specifically approved.

5. The Red Cross will provide uniforms, pay and allowances for quarters and subsistence for personnel assigned. Aboard hospital ships and at naval base and fleet hospitals Red Cross personnel will be charged for subsistence on the same basis as Navy nurses. In transports Red Cross personnel will be charged for subsistence as required to reimburse the mess to which attached. No charge for quarters is to be made.

6. For base and fleet hospitals under 1,000 bed capacity, the Red Cross complement is:

1 assistant field director (social worker).

1 recreation worker.

1 secretary.

For hospitals of 1,000 beds or over:

1 assistant field director (social worker).

1 hospital worker (staff aide).

2 recreation workers.

1 secretary.

For hospital ships:

1 assistant field director (social worker).

1 recreation worker.

—Ross T McIntire.

Enclosure (A)

OUTLINE OF RED CROSS AID IN EVACUATION OF CASUALTIES

1. The American Red Cross is prepared to provide continuous service to the sick and wounded men returning to the United States from overseas areas.

2. As casualties are evacuated in ships under control of the Navy, which perform transport duty on the outbound voyage and serve as ambulance ships on the return voyage, the Red Cross would assign personnel to each such ship on its return voyage. When patients number between 100 and 500, one worker would be assigned. For more than 500 patients an additional

worker would be provided. This general ratio should not be construed as preventing the assignment of a Red Cross worker when the patient group is less than 100, if the commanding officer of the activity should consider that the service is needed. Male personnel only would be so assigned. Subject to the orders of the naval authority in command at port of embarkation, the Red Cross personnel for transport duty would report to the commanding officer of the vessel for assignment to work under the direction of the medical officer.

3. Supplies suited to the workers' use in service to patients will be provided by the Red Cross. In those instances where the cognizant medical officer considers the number of casualties to be transported as too small to warrant assignment of a Red Cross worker, the Red Cross field director at the port will furnish the medical officer of the vessel at his request sufficient comfort and recreation supplies to meet the needs of the patients en route. These supplies will not duplicate those furnished by the Navy.

4. The services to be rendered by Red Cross workers on ambulance transports and transports being used for evacuation of casualties are:

(a) To provide toilet articles, cigarettes, and other comfort items to patients in need of them.

(b) To provide means whereby patients without funds may make necessary expenditures for supplies or services en route, which cannot be furnished in kind by the worker.

(c) To interpret to those patients who are apprehensive about their future governmental benefits available to men discharged due to disability.

(d) To furnish recreational supplies and assist in a medically approved recreational program for patients.

(e) To consider with patients those personal and family problems which require attention and provide for immediate and continued Red Cross service upon arrival in port.

SUPPLIES

(a) Convalescent kit bags.

The American Red Cross will place aboard ship a sufficient number of cartons packed with convalescent kit bags containing comfort articles for each patient. Each carton will contain 25 convalescent kits. Each carton is estimated to weigh 50 pounds and will occupy 3 cubic feet of space. As many of these kits will be taken aboard with the worker as are required to meet the needs of the number of sick and wounded aboard ship.

(b) A recreation kit has been set up containing approximately 40 specific items of recreational equipment to meet the needs of patients. The kit containing these items weigh approximately 90 pounds and occupies 6 cubic feet of space. The number of kits required will be determined by the number of sick and wounded aboard ship in units of 50 each.

44-138—Officers, Class H (W), USNR (Specialty—Occupational Therapy),
Outline of Practical Training

P11-11 P3-2 (072); 17 July 1944

To: NavHospitals (all types Continental).

1. The Bureau of Naval Personnel recently modified the practical experience requirements for enlistment in class V-9, USNR, for ultimate ap-

pointment in class H (W) United States Naval Reserve (specialty—occupational therapy).

2. The Bureau contemplates assigning to your command, at some future date, a limited number of H (W) USNR (specialty—occupational therapy) officer personnel who have not had clinical training necessary to qualify them as occupational therapists for independent duty assignment. In this connection, it is desired that all officers, class H (W), USNR (specialty—occupational therapy), who have not had the required clinical training in this specialty, receive at least 9 months' practical experience under the supervision of a qualified occupational therapist. During at least 6 months of this period, their services in naval hospitals should be rotated as follows:

Psychiatric service	2 months.
Orthopedic service	2 months.
General medical and surgical service	2 months.

In the event an individual has received clinical training under the direction of a school of occupational therapy in which didactic instruction was received prior to enlistment in the Navy, it is desired the time so spent be included in the 9 months of required clinical training in tuberculosis and pediatrics. If the individual has not had clinical training prior to entering the Navy, it is suggested the additional 3 months be spent on the above services as may be indicated locally.

3. Medical officers in command of naval hospitals providing this training are requested to furnish the names of WAVE officers assigned to this special training to the Bureau of Medicine and Surgery approximately four weeks prior to completion of the course.—*L. Sheldon, Jr.*

JOINT LETTER : BUMED—MARCORPS

44-140—Instructions for Processing Reports of Medical Survey in the Case of Officers of the United States Marine Corps and United States Marine Corps Reserve Found To Be Fit for Duty by Boards of Medical Survey

P3-5/KK(073); 18 July 1944

To: NavHosp (All types Continental).

Ref.: (a) Par. 3318, MMD 1945.

1. Reference (a) provides that no patient who has been surveyed will be disposed of until the activity submitting the report has been informed, by receipt of the returned copy, or otherwise officially notified, of the action taken by the Navy Department on the report. Although in the past it has required from 2 to 4 weeks to effect the return to duty of officers found to be fit for duty by boards of medical survey, experience has shown that an average time of less than 48 hours is required to process reports of medical survey in the Bureau of Medicine and Surgery. In the interest of more sufficient utilization of both personnel and hospital facilities, it is desired that officers be returned to a duty status as expeditiously as possible following hospitalization. In order to effect this, it is directed that the following procedure be carried out:

(a) When an officer of the United States Marine Corps or United States Marine Corps Reserve is found by a board of medical survey to be fit for all his duties or for limited duty, the board's report shall be processed at the

submitting activity and forwarded to the Bureau of Medicine and Surgery (by air mail whenever feasible) as expeditiously as practicable. If the duties of such an officer involve flying, the report of medical survey shall be accompanied by a report of physical examination for flying (NavMed-Av-1).

(b) Especial care shall be given the preparation of such reports in order that sufficient information regarding the nature of the disability, the origin and conduct status, aggravation by service and the present condition of the patient be presented to permit action to be taken without further reference of the report to the board of medical survey for amplification or clarification in some of the above respects.

(c) Upon receipt of orders or a copy thereof from the Commandant of the Marine Corps, in which it is stated that the report of medical survey has been approved, appropriate entries shall be made in the health record regarding departmental action on the report of medical survey, and the officer concerned shall, upon discharge from treatment be directed to carry out his orders even though the approved copy of the report of medical survey has not been received by the activity from which it originated.

2. It is believed that orders can be issued by the Commandant of the Marine Corps in the cases of such officers and delivered to the activity from which the reports of medical survey originated within a period of seven to ten days from the date of submission of reports of medical survey if such Reports are submitted by air mail and orders are returned by dispatch or air mail.

3. Occasionally officers of the United States Marine Corps or United States Marine Corps Reserve are admitted to a naval hospital within the same naval district as their permanent station off duty and are not detached from their permanent station of duty. Such officers who appear before a board of medical survey and are found to be fit for all their duties may be returned to their permanent station of duty upon approval of the report of medical survey by the medical officer in command of the naval hospital. In such cases the endorsement on the report of medical survey should indicate that the report has been approved by the medical officer in command and that the officer has been returned to duty in accordance with this joint letter. If the duties of such an officer involve flying, the report of medical survey should be accompanied by a report of physical examination for flying (NavMed-Av-1).—A. A. Vandegrift.—L. Sheldon.

44-142—Management and Transport of Chemical Warfare Casualties in Naval and Marine Forces

P11-1/A16-3(103-42); 19 Jul. 1944

To: All ships and stations

Ref. (a) BuMed ltr. F34-5(052-37), 21 May 1943.

(b) BuMed ltr. A11/16-3(093), 6 Jan. 1944.

1. *General.*—A. Casualties unable to apply self-aid are cared for by the medical services. A casualty is defined as one who is no longer able to carry out his military duties as a result of injury.

B. Noncasualties who are contaminated are charged with the responsibility of self-aid at the earliest possible moment consistent with battle conditions.

C. The management and transport of contaminated gas casualties whether wounded or otherwise will be governed primarily by military considerations.

D. To facilitate the management and transport of gas casualties, the med-

ical officer whether afloat or ashore shall develop a practicable and safe plan applicable to the command to which he is attached. This plan shall be incorporated in the gas defense bill of that unit.

E. Certain improvisations may be necessary to activate such a plan. The basic principles of management and transport must be clearly understood and applied in order to make it effective.

F. The most difficult problems of management and transport concern casualties contaminated with blister gas.

2. *Principles of management and transport*.—(A) *Avoid spread of contamination*.—1. If gas warfare agents have been used, it must be assumed that all casualties are contaminated until proved otherwise.

2. Personnel shall take all reasonable precautions to protect themselves adequately while handling contaminated casualties. If blister gas is encountered they must wear the mask, protective ointment, protective suits, protective gloves, rubber overshoes, and an impervious apron. In an emergency the individual protective cover issued to advanced-base personnel may be used instead of the impervious apron. These items except the mask and protective cover are contained in the gas casualty treatment case, unit No. 10, Medical Supply Item 14-055.

3. Personnel handling contaminated casualties shall avoid spreading contamination to other personnel and to facilities not specifically designated for the reception of gas casualties.

4. Contaminated personnel, casualties, clothing, and equipment must be prevented from gaining access to totally enclosed spaces either afloat or ashore. Inferior contamination of the ship or of enclosed structures ashore must be avoided.

5. Contaminated clothing and equipment shall be placed in tightly covered containers marked for the purpose, or in designated dumps sufficiently far moved from the scene of activities, for decontamination or disposal as determined by the chemical warfare officer.

B. *First aid*.—1. The problem will arise frequently as to which condition requires priority of first aid, the surgical condition or the gas hazard.

2. In all instances such as severe hemorrhage or shock, the surgical condition takes priority of action.

3. If the surgical condition permits delay, the casualty shall be decontaminated on the spot, protected from further exposure and, if consistent with battle conditions, transported to the nearest aid station designated to receive gas casualties.

3. *Transport of gas casualties*.—A. Stretcher bearers adequately trained and equipped to handle gas-contaminated casualties should be detailed to transport such cases.

B. The gas hazards attending the management and transport of contaminated casualties in operations ashore may be enhanced by the distances involved and by the character of the terrain, foliage, and weather. Afloat, the hazards tend to be increased by the limited topside space available for decontamination, the provisions for gas integrity of the ship, and the small openings and passageways which limit transport to dressing stations.

C. Ashore, the hazards of transporting gas-contaminated casualties by stretcher shall be minimized by using two stretcher covers, if available, as follows:

1. Stretcher cover No. 1: (a) this cover shall be the impervious cover issued to advanced-base naval personnel and the Marine Corps. Medical

officers of advanced bases shall arrange to draw the necessary supply of this item from the stock to be maintained by the Bureau of Ships in these areas. If not available from this source it may be obtained from the casualty encountered or other personnel as in the case of the Marine Corps. Medical officers attached to Marine Corps units shall utilize the impervious protective cover carried in the gas-mask carrier of the casualty transported or from other personnel, as the Marine Corps does not maintain a reserve stock for use as stretcher covers. In an emergency, the poncho carried by Marine Corps personnel in combat areas may be utilized.

(b) For use on the stretcher the cover will be split up each side or up one side and across the top.

(c) The use of a clean impervious cover with each casualty permits the alternate transport of a wounded but clean casualty, by the same stretcher, since it prevents contamination from the stretcher to the casualty and vice versa.

2. Stretcher cover No. 2: (a) This cover is an ordinary unimpregnated blanket routinely issued to stretcher bearers.

3. If two stretcher covers, No. 1 and No. 2, are used the following procedure should be carried out: (a) Stretcher cover No. 2 is laid over No. 1 and both are folded over so as to bring the side edges to the center. They are to be folded again and the ends turned in to fit the stretcher, when in the carrying position.

(b) The prepared stretcher is placed beside the casualty; first aid is administered; the covers are unfolded; the casualty is laid on No. 2 cover; the sides are folded over the casualty and transport begun.

4. Transport by ambulance or other enclosed vehicle of the contaminated gas casualty cannot be undertaken except with grave risk of contaminating its interior. Casualties must be decontaminated before such transport.

5. Upon depositing the casualty at the aid station the stretcher covers are to remain with the casualty. Clean covers, if available, previously folded, are to be laid into the stretcher for the transport of another casualty.

D. Afloat, the problems of transport do not warrant the use of the impervious protective cover. This item is not issued to naval vessels. It is advised that an ordinary blanket be substituted, even though it is pervious to vesicant liquid or vapor. This is preferred to leaving the casualty completely exposed. The blanket must be subsequently handled as a contaminated item.

E. For all activities it must be emphasized that if the stretcher is not equipped to limit undue hazards, it becomes contaminated and must be handled as such.

4. *Aid stations for gas contaminated casualties.*—A. Aid stations shall be improvised with free ventilation, up-wind from the gassed area and protected as much as possible against drops of liquid gas from overhead structures or foliage. In no event shall it be an enclosed space.

B. The station shall be located in a gas-free area, if possible. If a contaminated area must be selected, proper decontamination shall be carried out. Afloat, this is accomplished by using the noncorrosive decontaminating agent RH-195 issued by the Bureau of Ships. Ashore, chloride of lime, also known as bleach, is satisfactory. Bleach may be spread over the area either as a powder or mixed with water.

C. The aid station shall be clearly posted for easy identification and shall be marked off into an unclean and a clean area, the latter being on the windward side.

1. The unclean area: (a) The unclean area should be equipped with tightly covered G. I. cans or similar receptacles for reception of contaminated clothing and equipment, a reserve stock of protective ointment S-461 or S-330 and BAL ointment, an adequate supply of water and soap for cleansing, standard first-aid equipment for the care of wounded casualties and a foot box containing RH-195 powder or bleach powder through which all personnel must walk in going from the unclean to the clean area in order to decontaminate footgear. It is advisable also to improvise stands (saw-horse or the like) for supporting the stretcher and casualty above the terrain or deck.

(b) The contaminated casualty deposited in the unclean area shall receive first aid. All contaminated clothing, equipment, covers, blankets, and valuables, except the gas mask, if worn, shall be placed in specified G. I. cans for disposal by the chemical-warfare officer. The casualty is to be further cleansed by the removal of all gross liquid agents and by the application of antigas ointment or in accordance with references (a) and (b) and other decontaminating procedures as outlined in Manual NavMed 220, The Treatment of Casualties From Chemical Warfare Agents. The casualty is then ready for transfer to the clean area in a clean stretcher and/or clean covers and blankets.

2. The clean area: (a) The clean area shall be reserved for decontaminated casualties. Before entering this area, the gas mask shall be removed if the atmosphere is gas-free. Additional first-aid measures may then be carried out, after which the casualty is ready for transport to a battle dressing station or to a shore medical facility for further specific treatment.—*L. Sheldon, Jr.*

JOINT LETTER: BuMed.—BuPers.

44-144—Radium Plaque Adaptometer Night Vision Test Cards

P2-5/P3 (103-51); 25 July 1944

To: All ships and stations

Ref: (a) BuPers-BuMed rest. circ. Itr. P2-5/P3-1(103-51), 22 Mar. 1944.

1. Paragraph 34 of reference (a), which directed that all radium plaque adaptometer test score cards be forwarded to BuMed by pharmacist radium plaque adaptometer technicians, is hereby canceled.

2. A sufficient number of these cards have now been forwarded to BuMed, and further forwarding of score cards is not considered essential.—*L. Sheldon, Jr.—Randall Jacobs.*

44-145—Chlorinated Solvents, Methyl Chloride and Methyl Bromide—Health Hazards of

P2-8/JJ51(074); 28 Jul. 1944

To: All ships and stations

1. All personnel engaged in the use of subject agents must be aware of the health hazards involved, the protective measures that must be enforced, and the procedures of self-aid, first-aid, and treatment after exposure.

2. Chlorinated Solvents.

A. General.—(1) The chlorinated solvents commonly issued to the naval service, listed according to their increasing degree of toxicity on inhalation, are as follows:

- (a) Dichlorethane (ethylene dichloride).
- (b) Tetrachlormethane (carbon tetrachloride).
- (c) Trichlorethylene.
- (d) Tetrachlorethylene.
- (e) Tetrachlorethane.

B. Occurrence.—(1) These solvents are variously used in degreasing, cleaning, and paint-stripping operations in the naval service. Carbon tetrachloride is also contained in one type of fire extinguisher. In addition, tetrachlorethane, the most toxic of all these compounds, is used as a solvent for organic substances in the solvent impregnation of gas protective clothing and in decontaminating operations. Certain of the solvents are used also in dry-cleaning operations.

C. Recognition.—(1) These solvents are colorless, not unpleasant-smelling liquids which evaporate forming poisonous fumes. On contact with heated metal or open flames carbon tetrachloride and trichlorethylene decompose into phosgene and hydrochloric acid gas which may be recognized by their odor.

D. Protection.—(1) Serious accidents are usually the result of careless handling of the solvents in inadequately ventilated enclosed spaces. The following precautionary measures shall be observed:

(a) All chlorinated solvents should be handled only by trained personnel and under competent supervision.

(b) All degreasing machines and equipment must function properly. Many are designed for certain solvents and are not to be used with other compounds. All vapors must be exhausted and discharged to the outside atmosphere to prevent creating a toxic hazard.

(c) All hand operations, where special equipment for use of these solvents is not available, must be done in a well-ventilated area, preferably in the open air.

(d) Impermeable gloves are to be worn in hand operations to avoid contact of the skin with the solvents. If indicated, impermeable sleeves, aprons, and other protective clothing should also be donned. The impermeable items should be of the polyvinyl alcohol type. The chlorinated solvents attack ordinary rubber and have some effect upon synthetic rubber.

(e) The solvents are not to be heated on an open flame or on electric hot plates, nor is smoking to be permitted in any operation where they are handled.

(2) Both types of Navy oxygen-rescue-breathing apparatus give adequate protection.

(3) The service mask protects against low concentrations of the vapor. In high concentrations, however, the mask should not be relied upon for longer than 5 minutes.

E. Effects on the body.—(1) The solvents are poisonous in both the liquid and vapor phase. In addition, decomposition products, i. e., phosgene and hydrochloric acid gas, resulting from exposure to high temperatures, are extremely toxic. The solvents irritate the eyes, producing conjunctivitis; high concentrations of the vapor or large amounts of the liquid irritate the exposed skin. Repeated contact with lower concentrations and smaller

amounts of the liquid may cause a sensitization resulting in long-standing dermatitis which is resistant to treatment. They also produce serious effects, which may result in death, when absorbed through the lungs by inhalation of the vapor or through the gastrointestinal tract or the skin when the liquid form is involved. The absorbed solvents act principally on the brain, liver, and kidneys.

F. *Signs and symptoms.*—(1) Man affected by these chlorinated solvents become dizzy (often described as the "jag"), weak, and finally unconscious. Other symptoms in various stages of poisoning include blurred vision, tingling and burning of the skin, a sense of fullness in the head, nausea, vomiting, and diarrhea. Delayed symptoms of pulmonary edema may occur from inhalation of the decomposition products, phosgene and hydrochloric acid gas.

G. *Self-aid after exposure.*—(1) Wash out at once with water any splashes of liquid in the eye.

(2) Wash off as quickly as possible with soap and water any splashes of liquid on the skin.

(3) Remove immediately any clothes saturated with the liquid, avoiding inhalation of the poisonous fumes as much as possible, and bathe with soap and water. The clothes must be placed in an airtight container until they can be ventilated in the open air or otherwise disposed of to prevent exposure of other personnel to the fumes.

(4) On exposure to the vapor, don the gas mask immediately and get into fresh air as quickly as possible.

(5) If further symptoms develop, keep quiet and comfortably warm until medical aid arrives.

H. *First aid and treatment.*—(1) In addition to the above, give artificial respiration if breathing has stopped.

(2) Give inhalations of oxygen or the oxygen carbon-dioxide mixture if possible.

(3) Promote excretion of the absorbed toxic substances by the administration of glucose and saline solutions intravenously. The glucose may act to limit the degree of liver damage. Where available, amino acid mixtures, listed in the Supply Catalogue of the Medical Department, given intravenously also tend to exert a protecting action with respect to the liver.

(4) If pulmonary edema develops and breathing becomes difficult, administer oxygen in as high a concentration as possible; in any case high enough to eliminate cyanosis. Absolute rest must be continued until acute symptoms have disappeared. As soon as the edema begins to subside, as reflected by an improvement in the patient's general condition, administer sulfadiazine to prevent pulmonary infection.

(5) Treat the dermatitis with wet dressings of aluminum acetate 1:100 solution or with sterile saline solution.

I. *Prognosis.*—(1) With mild degrees of exposure, recovery is the rule. However, it is essential that a casualty be promptly removed from further contact with the gas. Fatalities are common with severe degrees of exposure.

(2) Repeated exposures may result in irreparable damage to health, and trichlorethylene may be habit-forming.

3. Methyl Chloride.

A. *Occurrence.*—(1) Methyl chloride is used in certain naval refrigeration units ashore as a substitute for freon owing to the present shortage of the latter. It is not employed in installations afloat. Poisonous concentrations

of methyl chloride vapor are quickly built up in poorly ventilated spaces and compartments. Explosive concentrations may occur from refrigerant leaks either within the unit itself or in small enclosed spaces housing the unit. In addition, phosgene and hydrochloric acid are liberated when methyl chloride contacts an open flame.

B. *Recognition*.—(1) Methyl chloride is a colorless liquid or gas. Heavy concentrations of the gas have a sweet ether-like odor. Lower concentrations, although still poisonous and combustible, are odorless.

C. *Protection*.—(1) The following precautionary measures shall be observed where methyl chloride is used.

(a) Methyl chloride shall be handled only by trained personnel under competent supervision.

(b) Methyl chloride shall be used only in refrigerating systems designed for that gas since the agent damages natural and certain synthetic rubber products such as gaskets and washers. In addition, moisture within the system reacts with the agent to produce a product which corrodes aluminum magnesium, zinc, and their alloys.

(c) Methyl chloride shall not be used for air-conditioning units, especially to cool sleeping quarters or medical facilities, because of the hazard to sleeping or otherwise helpless personnel. Methyl chloride is explosive under certain conditions. This hazard is great when methyl chloride replaces a refrigerant for which the equipment was specifically designed.

(d) Systems using methyl chloride shall be inspected periodically for detection of leaks. Naked lights, open lamps, matches, or other flame devices should never be used in such inspection nor in the immediate vicinity of a confined installation.

(e) The search for leaks should always be effected with soap suds. Very slight leaks may be detected with special devices, if available.

(f) Methyl chloride systems should never be overhauled without protective equipment or good ventilation.

(2) If an atmosphere contaminated with methyl chloride is encountered, the following precautions are to be observed:

(a) The area affected shall be immediately cleared of all personnel.

(b) Maximum ventilation of the area shall be obtained without contaminating other compartments.

(c) The use of lights other than of explosive proof design shall be prohibited.

(3) Repair parties shall don the Navy oxygen-rescue-breathing apparatus.

(4) The service gas mask shall not be relied upon since it gives only very limited protection for not longer than 5 minutes. All canisters exposed to methyl chloride must be replaced.

D. *Effects on the body*.—(1) Methyl chloride is highly toxic. The liquid burns the eyes and skin. The vapor when inhaled irritates the nose, throat, and lungs, and when absorbed is poisonous.

E. *Signs and symptoms after exposure*.—(1) Prolonged exposure to heavy concentrations is lethal. The acute lethal dosage for experimental animals is an atmosphere containing 3,000 ppm. of the vapor for an exposure period of a few hours.

(2) Severe exposure is followed by pulmonary edema and difficulty in breathing. Neurological symptoms usually develop after a brief delay as the toxic agent is absorbed. These vary from minor localized twitches to generalized convulsions and finally unconsciousness.

(3) Slight exposures may cause no symptoms or only mild nervous manifestations and mild gastrointestinal disturbances.

F. *Self aid.*—(1) On exposure to methyl chloride, get into fresh air as quickly as possible or don the Navy oxygen-rescue-breathing apparatus.

(2) If contaminated with liquid, wash the part thoroughly with water.

(3) Rest and keep warm until all danger of after effects has passed.

(4) If breathing becomes difficult, medical aid is required.

G. *First aid and treatment.*—(1) Give artificial respiration if breathing ceases.

(2) Give inhalations of oxygen or the oxygen carbon-dioxide mixture if possible.

(3) Treat the pulmonary edema that may arise as in poisoning with a chlorinated solvent.

(4) Burns of the skin from the liquid should be treated as any other burn.

(5) Burns of the eye should be treated with great care and if possible by an ophthalmologist. Eye pain may be relieved by butyn ophthalmic ointment or drops of solution anesthetic. Infection may be prevented by sulfonamide ophthalmic ointment or a few drops of 3-percent to 10-percent solution of sodium sulamyd instilled every 4 hours after the first 24 hours. The eyes must not be bandaged. Irrigations with 1-percent saline must be held to a minimum necessary to dislodge secretions.

H. *Prognosis.*—(1) The prognosis should be guarded. The mortality from severe exposure is high. Casualties resulting from mild exposure usually recover.

4. METHYL BROMIDE.

A. *Occurrence.*—(1) Methyl bromide may be used as a fumigant for delousing clothing and bedding. It is dangerous as a liquid and as a vapor. Toxic vapor concentrations are quickly reached in poorly ventilated compartments.

B. *Recognition.*—(1) Methyl bromide is a colorless, odorless liquid at low temperatures. At 40.3° F. or above it volatilizes quickly, forming a colorless gas approximately three times heavier than air.

C. *Protection.*—(1) Methyl bromide shall be handled only by trained personnel under competent supervision. It shall be stored in a cool, well-ventilated place, outside inhabited buildings.

(2) Fumigation with methyl bromide gas shall be carried out within gastight equipment placed in the open air or a well-ventilated space on the leeward side of assembled personnel.

(3) Since the gas is odorless, a halide leak detector must be used to detect harmful concentration of the gas.

(4) When the fumigation vault is used for the treatment of clothing and bedding, instructions accompanying the vault shall be strictly observed.

(5) Personnel shall not enter fumigated compartments except after thorough ventilation has been in progress for at least one-half hour and then only with due precaution.

(6) All fumigated clothing and bedding shall be well ventilated before handling and using.

(7) The Navy oxygen-rescue-breathing apparatus (both types) alone gives adequate protection.

(8) The service gas mask gives protection for only a limited time and shall not be relied upon for more than 5 minutes. All canisters exposed to methyl bromide must be replaced.

D. *Effects on the body.*—(1) Methyl bromide is highly toxic. The liquid burns the eyes and skin. The vapor irritates the breathing passages and lungs and injures the brain if absorbed by the body.

E. *Signs and symptoms after exposure.*—(1) Liquid methyl bromide burns the eyes and skin. The burns resemble those from mustard gas.

(2) The vapor in high concentrations irritates the breathing passages producing cough and difficulty in breathing. Collapse, unconsciousness, and convulsions follow and usually terminate fatally.

(3) The vapor in low concentrations may produce no immediate symptoms. Nausea, vomiting, and headache appear after a latent period of minutes to hours. Breathing becomes difficult, pulmonary edema (fluid accumulation) develops in the lungs, and cyanosis may be prominent at this stage. Visual disability and drowsiness are common. Convulsions, unconsciousness, and finally death may occur.

F. *Self aid.*—(1) If contaminated with the liquid, immediately wash the part thoroughly with water.

(2) On exposure to methyl bromide get into fresh air as quickly as possible or don the Navy oxygen-rescue-breathing apparatus.

(3) Rest and keep comfortably warm until all danger of after effects has passed.

G. *First aid and treatment.*—(1) Artificial respiration shall be given if breathing stops.

(2) Give inhalations of oxygen or the oxygen-carbon dioxide mixture if possible.

(3) Treat the pulmonary edema in the same manner as recommended for poisoning with chlorinated solvents.

(4) Treat the burns of the eye and skin in the same manner as recommended for methyl chloride.

H. *Prognosis.*—(1) Methyl bromide is eliminated very slowly from the body and spinal-fluid levels remain high for prolonged periods. Casualties resulting from mild exposure usually recover. The mortality from severe exposure is high.—*L. Sheldon, Jr.*

JOINT LETTER: BUPERS.—BUMED

44-146—Plan and Procedure for Elimination of Recruits Unfit for Service by Reasons of Psychiatric and Neurologic Handicaps

P3-1/P19-1(123)'40; 29 July 1944

To: NavTraCens (Bainbridge, Farragut, Great Lakes, Sampson, and San Diego); NavTra and DistCen, Camp Peary, Va.; NavTraSeol (WR), Bronx, N. Y.

Ref.: (a) BuPers and BuMed Joint Letter, BuPers File No. P19-1 Pers-66-RGS and BuMed File No. P3-1/P19-1(123)'40, 20 Jan. 1944.

Encl.: (a) Standard form to be used for the reports of Aptitude Boards.

1. Reference (a) is superseded by this letter.

2. The commanders or the commanding officer of the above activities shall have as a part of their medical organization a psychiatric unit consisting of psychiatrists, psychologist, hospital corpsmen, and Red Cross psychiatric social workers. This unit shall function in connection with the detection and elimination of psychiatrically and neurologically unfit recruits.

3. The senior medical officers of the commands shall be charged with the

responsibility of organizing the following plan and maintaining it in operation.

4. Functions of various members of the psychiatric unit: (a) The psychiatrist shall conduct the psychiatric examinations of the recruits and shall be charged with the responsibility of coordinating the work of the other members of this unit. Decisions within the unit as to disposition of cases rest solely with the psychiatrist.

(b) The psychologist functions as an adjunct to the psychiatrist and shall, upon the psychiatrist's request, perform whatever tests are indicated. He shall not act independently of the psychiatrist.

(c) The hospital corpsmen shall perform the duties necessary for the maintenance of the psychiatric observation ward (v. i.), and shall also keep the records of the unit, including the records of the transactions of the aptitude board (v. i.).

(d) The Red Cross psychiatric social worker is supplied by the American Red Cross, and shall be detailed to the psychiatric unit for the sole purpose of service in connection with the unit. Her function shall be to obtain data pertaining to the life histories of recruits suspected of psychiatric or neurologic handicaps. In addition, she shall act as a liaison agent between the naval service and the civilian community in arranging for any necessary aid to recruits who have been rejected on psychiatric or neurologic grounds. Red Cross social service data may be embodied in the report of the aptitude board, but the source must remain unidentified.

5. Psychiatric examination of recruits: (a) The term "recruit" applies to all newly enlisted or inducted personnel without previous naval service and who are undergoing and have not completed recruit (boot) training.

(b) Each recruit shall be examined by the psychiatrist: This examination shall be conducted as part of the initial physical examination, and shall be brief (from 3 to 5 minutes), so as not to interfere with the routine procedure to which the incoming recruit is subjected. If indicated, the psychiatrist shall request a preliminary psychological examination at this point.

(c) A recruit suspected of psychiatric or neurologic handicaps shall be disposed of in one of two ways:

(1) The more obvious and seriously handicapped cases shall be sent to the psychiatric observation ward for further observation. Should there be any doubt as to recruit's fitness for service, he (she) should be given the benefit of a trial at duty.

(2) Recruits with less obvious or serious handicaps or about whose fitness for service there is any doubt should be observed under drill and training conditions by assignment to a regular recruit company with the understanding that the psychiatrist shall have an opportunity for further examination of the recruit if he deems it necessary.

(d) A recruit may be referred to the psychiatric unit for examination and observation at any time during his (her) training period at the station, but during this period of neuropsychiatric observation, the recruit should not be admitted to the sick list unless hospitalization is contemplated.

6. The psychiatric observation ward: (a) The senior medical officer shall put at the disposal of the psychiatric unit sufficient bed space for the proper observation and care of those recruits who are deemed by the psychiatrist to need such observation. These facilities shall not amount to less than 35 beds per thousand incoming recruits per month, except on stations where past experience has demonstrated that this is not proportionate to the actual

need. The senior medical officer shall also arrange for proper space and equipment for the administrative functions of the unit as well as space to insure the conduct of the preliminary psychiatric examinations in such a manner that the conversation between the examiner and the recruit will not be overheard. Without privacy, the recruit will not react freely enough to enable the psychiatrists or psychologist to make a satisfactory examination.

7. Disposal of recruits regarded as having psychiatric or neurologic handicaps: (a) If a recruit is regarded as definitely unfit for the service by reason of psychiatric or neurological handicaps, the psychiatrist shall dispose of the case in one of two ways:

(1) If the recruit is suffering from a psychopathological condition rendering him (her) dangerous to self or to others (as for instance in cases of manifestly suicidal patients, actively hallucinated individuals, or certain cases of demonstrable central nervous system damage), he (she) shall be admitted to a naval hospital for disposition by medical survey.

(2) Where such serious handicaps do not exist, the recruit shall be brought before the aptitude board.

8. Composition and functions of the aptitude board: (a) The aptitude board will be permanently convened by the commander or commanding officer at the training center or school and will consist of a line officer, an experienced medical officer, two medical officers who qualify as psychiatrists, and one psychologist. In an emergency where sufficient personnel is not available, the Board shall consist of not less than one line officer, one medical officer and one medical officer who is qualified as a psychiatrist.

(b) It is the function of the aptitude board to consider the cases of recruits who are referred to it by the psychiatric unit. After weighing the medical evidence submitted by the unit, the board may recommend to the commander or commanding officer that the recruit be discharged from the Service, or be returned to duty. No recruit shall be recommended for discharge from the Service until he (she) has appeared in person before the aptitude board and been informed of the proposed action.

(c) It shall be understood that the functions of the aptitude board are distinct from that of the psychiatric unit. The aptitude board exists solely for the purpose set forth in paragraph 8 (b). The psychiatric unit is a professional advisory and consultant organization to which psychiatric problems arising among the recruits shall be referred and which is charged with the responsibility of selecting cases for review by the aptitude board.

9. Forms to be used by the aptitude board: (a) The attached sample form headed, "Report of aptitude board," shall be used for reporting the findings and the action taken by the aptitude board. Care shall be taken to record briefly as much pertinent detail as possible. This report is of the greatest importance, both from the point of view of administration, and as a basis for scientific research. Forms will not be provided by the bureaus.

(b) When the aptitude board recommends a recruit's discharge, the commander or commanding officer will review the report. If he approves the report, the recruit will be discharged. If he disapproves the report, the individual will be returned to duty. The action of the commander or commanding officer will be final.

(c) If the commander or commanding officer approves the report of the aptitude board, the report shall be forwarded to the Bureau of Medicine and Surgery and a copy placed in the individual's service record.

10. The recruit discharged upon recommendation of the aptitude board will be discharged for reason of unsuitability for the naval service, and will be issued certificate of discharge under honorable conditions (NavPers 661), on which reference shall be made of this letter as authority for discharge. The cause and authority for discharge shall be entered in the recruit's service record, but no diagnosis shall be placed upon either the recruit's certificate of discharge nor upon his (her) health record.

11. A man discharged in accordance with the preceding paragraph is entitled to travel allowance in accordance with current instructions in United States Navy Travel Instructions, article 2503 (10). Outer garments or distinctive parts of the uniform should be taken from him and he shall, if personally owned civilian clothing is not available, be furnished with an outfit of civilian clothes at a cost not to exceed the sum of \$30, in accordance with instructions contained in article D-9115 (4), BuPers Manual, October 1942 edition, article 1431-6, Bureau of Supplies and Accounts Manual, and AlNav 38-44.

12. A member of the Women's Reserve discharged in accordance with paragraph 10 is entitled to travel allowance, in accordance with current instructions in United States Navy Travel Instructions, article 2503 (10). She shall be allowed to retain articles of uniform in her possession except havelocks, ties and white or seersucker hat covers, after removal of distinctive Navy buttons, insignia or marks, from suits, overcoats and Navy blue hats. The civilian clothing purchased under the authority of article D-9115 (4), BuPers Manual, and article 1431-6, Bureau of Supplies and Accounts Manual, in such cases will be limited to the plain buttons necessary for replacement of distinctive Navy Uniform buttons.

13. The commander's or commanding officer's orders to the disbursing officer shall state thereon the reason for discharge.—*L. Sheldon, Jr. and L. E. Denfeld.*

REPORT OF APTITUDE BOARD

(Navy Personnel)

Place _____ Date _____

From: The aptitude board.

To: The commander or commanding officer.

Subj.: Report of aptitude for the naval service of _____

(Name in full, Service No., Rate) (USN, USN-I USNR, etc.)

Born _____ Place _____ Date _____

Enlisted or inducted _____ Place _____ Date _____

Total service ___ Navy _____ Marine Corps _____ Army _____

Reason for referral:

Personal history:

Company Commander's report:

Psychologist's report:

Psychiatrist's report:

Board's impression:

BOARD'S CONCLUSIONS AND RECOMMENDATIONS

The general qualifications of _____ do not warrant his (her) retention in the Service. If discharged, he (she) will not be a menace to self or to others. The condition existed prior to enlistment and has not been aggravated by service. It is recommended that discharge be by reason of "unsuitability," under honorable conditions. Statement was (not) submitted in rebuttal.

----- USN
----- USN
----- USN
----- USN
----- USN

[First Endorsement]

From: The Commander or Commanding Officer
To: The Bureau of Medicine and Surgery.

1. Forwarded.
2. Subject has this date been discharged from the U. S. Naval Service by reason of "unsuitability," under honorable conditions.

----- USN

44-148—Quarters, Heat, Light, Household Equipment, Subsistence and Laundry Furnished Civil Employees of the Medical Departments*LL/L16 (121-40); 29 July 1944*

To: NDs and RivComs, NavTraCen (Great Lakes), NavHosp and NavSpHosp.

Refs.: (a) BuMed ltr., LL/L16-1(121-40), 31 May 1944.
 (b) Division of Shore Establishments and Civilian Personnel ltr.
 SECP-410: s11, 17 July 1944 to BuMed.

1. The following is quoted from reference (b) for information and guidance:

In view of the mandatory provisions contained in the regulations approved by the President, reference (a), the Navy Department is without authority to waive the requirement that civilian employees occupying nonhousekeeping quarters be obliged to take and pay for full subsistence (three meals per day) for 7 days per week, even though certain of the employees occupying nonhousekeeping quarters are absent therefrom on their weekly lay-off days, and on those days do not consume the meals for which they are charged.

2. The last sentence of paragraph 2 (e) (5) on page 3 of reference (a) is no longer applicable and should be deleted.—*L. Sheldon, Jr.*
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44-149—Occupational Therapy Department; Accounting and Reporting Procedure*L10-5/NH(082-39); 1 Aug. 1944*

To: NavHosp and NavSpHosp.

Refs.: (a) BuMed ltr., L1-2/EN10(073), 18 July 1941.
 (b) BuMed ltr., L10-5/NH(082), 25 Aug. 1941.

- (c) BuMed ltr., L10-5/NH(082), 17 Dec 1941.
- (d) BuMed ltr., L10-5/NH(082-39), 12 June 1944.
- (e) Public Law 375-78th Congress, title I, page 14, approved 28 June 1944.

1. The following is quoted from reference (e) for information purposes:

BUREAU OF MEDICINE AND SURGERY

Medical Department: The appropriation, Medical Department for the fiscal year 1945, shall be available for the manufacture or production of products by patients in naval hospitals and other naval medical facilities incident to their convalescence and rehabilitation, and ownership thereof shall be vested in the patients manufacturing or producing such products, except that the ownership of such items manufactured or produced specifically for the use of a naval hospital or other naval medical facility shall be vested in the Government and such items shall be accounted for and disposed of accordingly.

2. The following accounting and reporting procedures are applicable to the Occupational Therapy Department at naval hospitals and are effective as of 1 July 1944:

(A) *Appropriational objects and subheads.*—The specific identifying appropriational objects and subheads prescribed in order to present requirements of funds for budget and allotment purposes and to allow Medical Department appropriational expenditures and obligations made specifically for the Occupational Therapy Department, to be accounted for separately in the appropriational accounting records and reports, are set out below:

(1) *0814—Occupational therapy supplies.*—All expendable materials peculiar to and procured specifically for use in the Occupational Therapy Department.

(2) *0961—Occupational Therapy Equipment.*—All nonexpendable material peculiar to and procured specifically for use in the Occupational Therapy Department.

(3) Reference (a), which contains the prescribed object and subhead classifications of appropriational expenditures, is hereby modified to include the above.

(B) *Appropriational allotments, accounting and reporting.*—(1) Each addressed shall prepare and submit, at the earliest practicable date, an estimate of the total funds and the quarterly apportionment thereof required during the fiscal year 1945, under each of the subheads prescribed in subparagraph (A) above. Itemized justification will be required under object and subhead 0961. The estimates should be accompanied by request for increase in allotment, if required, and by specific purchase requisitions for such equipment as may be immediately required.

(2) Separate appropriational accounts shall be set up in the Allotment Record (NAVMED-HF-67) for each of the subheads prescribed in subparagraph (A) above. Appropriational obligations and expenditures under each of these subheads shall be reported separately in table 4 of NavMed-B. No change in presently prescribed forms and procedures is required to accomplish this.

(C) Reference (b), (c), and (d) contain the prescribed accounting and reporting instructions applicable to property and expense analysis accounts.

These references are hereby modified to include a separate expense analysis account for the Occupational Therapy Department in order to accumulate and analyze the cost of operating this service. The instructions applicable to this account are:

Expense Analysis Account No. E112—Occupational Therapy Department.—All expenses incurred in connection with the operation of the Occupational Therapy Department, except the cost of maintenance and repair of spaces assigned and the cost of utility services consumed therein shall be reflected in this account under the following cost symbols:

01—Pay, civil personnel.—The gross salaries of all civilian employees assigned to the Occupational Therapy Department on a full-time basis shall be charged in this column of this account. The gross salaries of those assigned on a part-time basis shall be prorated and charged in this column of this account on the basis of the percentage of total time employed in this service.

02—Pay, military staff.—Pay and allowances of military staff shall not be reflected in hospital accounting records until further notice.

03—Supplies and materials.—All expendable supplies and materials, except cleaning supplies, issued to the Occupational Therapy Department shall be charged in this column of this account. Cleaning supplies are properly chargeable to E109, Maintenance, Buildings, and Grounds.

04—Provisions.—Not applicable to this account.

05—Utility services.—Not applicable to this account.

06—Job order charges.—Cost of repairs to equipment in use in the Occupational Therapy Department when accomplished by authority of a specific bureau work request or the annual standing job order.

07—Other expenses.—Cost of repairs to equipment in use in the Occupational Therapy Department and of other contractual services peculiar to the Occupational Therapy Department, when the work has been accomplished by other than the hospital force or by authority of a specific bureau work request or the annual standing job order.

08—Furniture, furnishings and equipment issued.—No entry in this column of this account. A separate column for this account shall be set up in the inpatient section of the Recapitulation of Furniture, Furnishings and Equipment Issued in which the value of equipment issued for use in the Occupational Therapy Department shall be recorded in accordance with the instructions applicable to General Ledger, Account 16, and Expense Analysis Register, Account E201.

09—Gross operating cost.—This shall be the sum of the accounts accumulated in columns 01 to 07, inclusive.

10—Quarters, subsistence and laundry.—Not applicable to this account.

11—Other debits.—Not applicable to this account.

12—Other credits.—The only credits to be taken are for articles manufactured or produced specifically for the use of the hospital. Such items shall be turned into store at the actual cost, or appraised value, and the necessary adjustment of this account and the general ledger accounts affected shall be made by means of a general ledger adjustment voucher. The accounting entries to be made and the records and reports in which they are to be reflected are:

General Journal and General Ledger.—

Debit : Account 3, equipment, or account 4, stores, as may be appropriate.

Credit : Account 10, operating expense.

Explanation: To record receipt of Occupational Therapy products, as per general ledger adjustment voucher No. _____ manufactures for hospital use and turned into store.

Expense analysis register.—Credit Account E112, in column 12 with the total credit to Account 10.

Stores ledger or equipment ledger.—Record as receipts the items and values as shown by the general ledger adjustment voucher.

Statement of storeroom inventories.—Report the value of all items manufactured or produced specifically for the hospital and turned into stores as a separate item identified by the proper general ledger adjustment voucher number.

Recapitulation of ledger accounts—NavMed Register 3.—Compliance with the above instructions will insure that the transactions will be reflected properly in this report, subject to clerical errors in transcription. The number of each general ledger adjustment voucher and the general ledger accounting entries applicable to each shall be reported in the analysis of values as shown by the general ledger adjustment voucher.

13—*Net operating cost.*—The amount to be reported in this column is the sum of columns 09 and 11 minus column 12.—*L. Sheldon, Jr.*

44-154—Inactive Medical Department Records and Medical Department Records of Decommissioned Activities—Transfer to Naval Records Management Centers

H3-4/EN (073-40); 11 Aug. 1944

To: All ships and stations.

1. Arrangements have been made by BuMed whereby the newly established naval records management centers may be used for the housing of records of all decommissioned activities, and of old inactive records of such medical activities remaining in commission as may have accumulated records of permanent value for which no adequate stowage-space exists.

2. Naval records management center, eastern division, will serve activities in Naval Districts 1 through 10, in the Severn River Naval Command, and in the European-Africa-Middle East area. Naval records management center, western division, will serve activities in Naval Districts 11 through 17 and in the Asiatic-Pacific area. Addresses of the naval records management centers are as follows:

Naval Records Management Center, Eastern Division,
253 North Broad Street,
Philadelphia, Pa.

Naval Records Management Center, Western Division,
417 South Spring Street,
Los Angeles, Calif.

3. Upon decommissioning of a medical activity, the correspondence files and records shall be properly arranged, packaged in numbered boxes or other suitable containers (numbering of boxes to contain reference to total boxes of shipment thus: Box No. 1 of 20, box No. 2 of 20, etc.), and each box and container inventoried. Inventories shall be prepared in triplicate;

one copy to be placed in the appropriate box or container, one copy to be transmitted to naval records management center, and one copy to be transmitted to BuMed. After records have been packaged and inventoried, a letter of notification shall be prepared and sent air mail to the appropriate naval records management center. This letter shall state the approximate cubic footage and the general character of the records to be transferred, and shall also have attached copies of the inventories of the various record containers. Carbon copies of the letter of notification and inventories shall be sent to BuMed. The packaged records may then be shipped to the appropriate naval records management center.

4. Medical Department activities having accumulations of old inactive records may obtain authority for transferring these records to the naval records management centers by sending a request for such action to BuMed, together with a descriptive list of the records, as well as an estimate of the cubic footage of the records to be transferred. BuMed will then obtain necessary clearances and issue instructions.—*L. Sheldon, Jr.*

44-155—Photocopying Equipment for Medical Records

P3-5/P19-1(034-42); 12 Aug. 1944

To: NavHosp (All types Continental).

Ref.: (a) BuMed ltr. P3-5/P19-1(034), 27 Apr. 1943.

Encls.: A. (HW) Specifications for photocopying equipment for hospitals with average monthly work-load of between 75 and 200 pension claims.
B. (HW) Specifications for photocopying equipment for hospitals with average monthly work-load of more than 200 pension claims.

1. All hospitals are expected to furnish complete copies of the health records, as directed in reference (a), when pension claims are forwarded to the Veterans' Administration. The Bureau has concluded that the use of photocopying equipment would be appropriate at hospitals with a monthly average for the past 3 months of 75 or more cases of pension claims submitted to the Veterans' Administration.

2. Hospitals forwarding an average of less than 75 pension claims monthly will be expected to duplicate records without additional photocopying equipment; hospitals with an average monthly work-load of between 75 and 200 pension claims may requisition photocopying equipment and accessories as outlined in enclosure A; hospitals with an average monthly work-load of more than 200 pension claims may requisition the equipment and accessories listed in attached enclosure B. Hospitals using photocopying equipment will reproduce medical records at 80 percent of original size.

3. Hospitals will prepare and forward to the Bureau requisitions on S and A Form 76 in the usual manner for the appropriate equipment and supplies.—*L. Sheldon, Jr.*

Enclosure A**PHOTOCOPYING EQUIPMENT FOR HOSPITALS WITH AVERAGE
MONTHLY WORK-LOAD OF BETWEEN 75 AND 200 PENSION
CLAIMS***Equipment*

1 Photostat Junior complete with standard subject holder (exposure area 14 by 18 inches), will reproduce at original size subjects 8½ by 11 inches or will reproduce subjects at reduced size from 14 by 18 inches (or smaller) to approximately 8½ by 11 inches, price-----	\$300.00
1 Peerless Junior print dryer, electrically heated and operated, (14-inch belt), price-----	137.50
United States excise tax-----	22.92
1 Single cell photostat siphon print washer, price-----	70.00
United States excise tax-----	17.50

This unit includes all accessories ready for operation, such as lamps, developing, and fixing apparatus, E. K. Timer, squeegee and bottles for storing chemicals.

Supplies

Suggested supplies to be included with installation:

1 ⁶ Rolls grade R photostat paper 11 inches by 350 feet, standard weight-orthochromatic-matte surface, price \$9.97 per roll (including excise tax)-----	59.82
3 Cases (24 packages each) photostat developer, 2 quarts, price \$4.80 per case-----	14.40
3 Cases (24 packages each) photostat fixer, 2 quarts, price \$2.75 per case-----	8.25
	630.39

The above prices are f. o. b. shipping point, terms net 30 days.

Enclosure B**PHOTOCOPYING EQUIPMENT FOR HOSPITALS WITH AVERAGE
MONTHLY WORK-LOAD OF MORE THAN 200 PENSION CLAIMS***Equipment*

Model No. 2 Photostat (standard model) complete with engineering board (maximum size single sheet 14 by 18 inches) exposure area of engineering board 28 by 36 inches, price-----	\$800.00
Item 18-M-362 (1) of the general supply schedule, TPS contract No. 65754.	

¹ A satisfactory paper is available from Treasury Department, Procurement Division. Schedule of Supplies as Item 18-P-13512-5, photographic paper, lightweight stock, semi-matte finish, grade B, record, grade A, (spool for use with Photostat, Jr. model) 11" wide by 350' long, cost \$7.74 a roll.

PHOTOCOPYING EQUIPMENT FOR HOSPITALS WITH AVERAGE
MONTHLY WORK-LOAD OF MORE THAN 200 PENSION CLAIMS—
Continued

Equipment—Continued

Pair General Electric mercury vapor lamps complete to operate on alternating current, 110 volts 50 cycles)	\$160.00
United States excise tax	17.41
Extra lighting tubes, price \$12 each	24.00
United States excise tax	2.36
Photostat syphon print washer (two cells), price	150.00
United States excise tax	37.50
Pako print dryer, price (26-inch belt, electrically heated and operated).	225.00
United States excise tax	37.50
24-inch print trimmer, price	27.50

Supplies

Suggested supplies to be included with installation:

12 rolls grade R photostat paper 14 inches by 350 feet, standard weight-orthochromatic-matte surface, price \$12.36 per roll (including excise tax)	148.32
4 Cases (24 packages each) 5-quart photostat developer, price \$7.05 per case	28.20
4 Cases (36 packages each) 3-quart photostat fixer, price \$4.60 per case	18.40
	1,676.19

Prices are all FOB shipping point, terms Net 30 days, Lamps from Hoboken, N. J., the Pako Dryer from Minneapolis, Minn., and the balance from Rochester, N. Y.

44-165—Pension claims and Medical Records of Men Discharged from the Naval Service by Reason of Physical Disability

P3-5/P19-1(034); 23 Aug. 1944

To : NavHospitals (all types Continental)

Ref: (a) BuMed ltr. P3-5/P19-1(034), 27 Apr. 1943.
(b) BuMed ltr. P3-5/P19-1(034-42), 26 Feb. 1944.
(c) BuMed ltr. P3-5/P19-1(034-42), 14 Mar. 1944.

1. The Bureau has recently received a letter from the Administrator of Veterans' Affairs, inviting attention to the failure of some of the naval hospitals to comply with the instructions in references (a), (b), and (c), so far as the medical records of Marine Corps and Coast Guard personnel are concerned.

¹ A satisfactory paper is available from Treasury Department, Procurement Division, Schedule of Supplies as Item 18-P-13518, photographic paper, lightweight stock, 20 substance, semi-matte finish, grade B, Record, grade A (spool for No. 2 Photostat Standard Model), 14 inches wide by 350 feet long, cost \$9.37 a roll.

2. The instructions in these references were intended to apply to Marine Corps personnel as well as to other members of the naval service and should be so construed. In other words, the records listed in paragraph 1 of reference (a) should be prepared at the naval hospital from which the patient is discharged and forwarded to the Veterans' Administration area office as indicated in references (b) and (c). Arrangements should be made with the local Marine Corps activities concerned, in the case of Marine Corps personnel, to furnish the hospitals the information required relative to the date and type of discharge issued. The pension claims and related records should not be forwarded until after the patient has been discharged from the service.

3. With reference to Coast Guard patients discharged at naval hospitals, the pension claim (V. A. Form 526) and related records should be completed as far as possible and forwarded to the commanding officer of the Coast Guard unit to which the patient is regularly attached, or to the District Coast Guard officer of the naval district in which the hospital is located, who will complete the pension claim and the records and forward them to the Veterans' Administration area office.

4. Hereafter, the pension claim shall be accompanied by a complete copy of the current health record in all cases.—*Ross T McIntire.*

44-166—Preparation of Pension Claims (V. A. Form 526)

P3-5(061-43); 25 Aug. 1944

To: NavHospitals (All types Continental)

Ref.: (a) Section 105, Public Law 346—78th Congress.

1. The following is quoted from a letter received from the Administrator of Veterans' Affairs for your information and guidance:

By reference to Veterans' Administration Form 526, application for pension or compensation for disability resulting from service in the active military or naval forces of the United States, it will be observed that items 7 (b) and (c) read as follows:

(b) Names and addresses of all civilian physicians who have treated you for any sickness, disease, or injury prior to, during, or since your service;

(c) Names and addresses of all persons other than physicians who know any facts about any sickness, disease, or injury which you had prior to, during, or since your service.

The information sought to be elicited by items 7 (b) and (c) is deemed essential in the development of a claim for disability pension. If such information is not furnished in claims filed at Navy discharge centers at the time of discharge, and the information is deemed essential in the adjudication of the claim, a request therefor will have to be made and adjudication delayed until the information is submitted.

Section 105 covers statements relative to the "origin, incurrence, aggravation of any injury." It was not, in the view of this office, intended to, and does not, relate to inquiries such as items 7 (b) and (c), which are intended to provide a basis for assisting the veteran in the prosecution of his claim.

The history of section 105 shows that it was proposed because of reports showing that the service departments were requiring persons, who were about to be discharged for conditions which in the opinion of the departments antedated entrance into service, to execute statements showing how and when the condition for which the discharge was contemplated, had been incurred and does not apply to information elicited in Form 526 which may be necessary in the development of the claim for disability pension.

To prevent any confusion or misunderstanding as to the applicability of section 105, Public Law No. 346, 78th Congress, to the information elicited by items 7 (b) and (c), Form 526, it is suggested the Navy Department instruct commanding officers and Navy personnel engaged in advising and assisting enlisted men in the preparation of claims for disability pension that items 7 (b) and (c) should be answered by the applicant, otherwise, if the information elicited is not furnished, but considered material to the adjudication of the claim, it will be necessary to request it and the adjudication of the claim will be delayed until the information is submitted.

2. It is requested that this information be brought to the attention of the Red Cross representatives and other personnel at the hospitals who assist disabled veterans with their pension claims.—*Ross T McIntire.*

44-167—Telegrams Sent to Naval Hospitals Announcing the Arrival of Navy and Marine Corps Patients at Veterans' Administration Facilities

P3-2/HE (021-43); 25 Aug. 1944

To: NavHosp (All types Continental)

Ref.: (a) BuMed and BuPers joint letter of 27 July 1943.
(b) BuMed and USMC letter of instruction No. 516 dated 19 Aug. 1943.

(c) CNO end-2 op-20-B-5-mdl over Serial 2767320, 1 Aug. 1944.

1. Paragraph 7 of reference (a) and (b) directs that orders issued to the medical officer or senior hospital corpsman accompanying a Navy or Marine Corps patient to a Veterans' Administration facility shall include instructions for him to notify the naval hospital concerned by despatch, or by such other means as may be deemed expedient, of the patient's arrival and delivery to the Veterans' Administration facility.

2. According to information received from the Administrator of Veterans' affairs, there appears to be considerable lack of uniformity in the instructions issued to the attendants with reference to these arrival notices. In some instances, the attendants have requested the Veterans' Administration facilities to send telegrams without making any provision for the expense involved, and telegrams sent collect by the Veterans' Administration facilities have been refused by the naval hospitals.

3. In order to establish a uniform procedure, attendants accompanying Navy or Marine Corps patients to Veterans' Administration facilities shall hereafter be instructed to request the manager of the Veterans' Administration facility concerned to send the arrival notice "collect," and naval hospitals and naval special hospitals under authority of reference (c), are hereby authorized and directed to accept Government telegrams sent collect

announcing the arrival of Navy and Marine Corps patients at Veterans' Administration facilities. The cost of such telegrams will be paid from the appropriation, Miscellaneous Expenses, subhead 7, and in accordance with the usual procedure for the disbursement of such funds in the naval districts within which the hospitals may be located.—*Ross T McIntire.*

JOINT LETTER: BuMed MarCorps

44-168—Physical Examinations for Officers Assigned to Duty Outside the Continental Limits

P2-5/00; 26 Aug. 1944.

To: MarCorps Activities

1. In order that forces afloat and on foreign duty may have some assurance that officers assigned to them from shore duty within the continental limits are physically qualified for their new duties, the following procedure is established:

(a) All officers who have not had a complete physical examination within the 6 months prior to their date of detachment for duty outside the continental limits, or have not had corrected any correctible conditions previously noted, will be given a complete physical examination prior to detachment. A flight physical examination will be given to aviators.

(b) The results of such examinations will be entered in the officer's health record. Should defects be discovered which are considered sufficient to impair the officer's ability to perform the duties to which he is being assigned, the medical officer will report the findings to the commanding officer, who will immediately notify Headquarters Marine Corps, making appropriate recommendations. The findings will be forwarded to the Bureau of Medicine and Surgery on NavMed Y, except that, in the case of aviators who are found unfit, or a change in their service group is indicated, NavMed AV-1 will be used.

(c) Officers who have had a physical examination within 6 months of their date of detachment and have had all correctible defects corrected need not be given a physical examination.

2. The above procedure is adopted in an attempt to relieve forces afloat and on foreign duty of the burden of correcting defects which could and should have been corrected prior to the officer's departure from the continental limits. For the purposes of this examination, defects which were waived in the case of Reserve officers at the time of original appointment will not be considered disqualifying unless substantial changes in the defects have occurred.

3. It is incumbent on all officers to maintain themselves in the highest practicable state of physical fitness for duty at all times. To this end it is important that known correctible defects be repaired at the earliest opportunity after their existence is known. Such corrections as change in compensation for vision defects and dental work should normally have been accomplished prior to receipt of orders to duty outside the continental limits, by officers who are eligible for such duty.—*Ross T McIntire—A. A. Vandegrift.*

44-174—Section 104 of the Servicemen's Readjustment Act of 1944

P3-5/P19-1(034-42); 2 Sept. 1944.

To: NavHosp (All types Continental)

Refs: (a) AlNav 132, 14 July 1944.
(b) BuMed ltr. P3-5/P19-1(034), 27 Apr. 1943.
(c) BuMed ltr. P3-5/P19-1(034-42), 26 Feb. 1944.
(d) BuMed ltr. P3-5/P19-1(034-42), 14 Mar. 1944.
(e) BuMed and BuPers Joint Letter of 27 July 1943.
(f) Headquarters, U. S. M. C., and BuMed Letter of Instruction No. 516, 19 Aug. 1943.

1. Section 104 of Public Law 346, 78th Congress, approved 22 June 1944, provides that:

No person shall be discharged or released from active duty in the armed forces until his certificate of discharge or release from active duty and final pay, or a substantial portion thereof, are ready for delivery to him or to his next of kin or legal representative; and no person shall be discharged or released from active service on account of disability until and unless he has executed a claim for compensation, pension, or hospitalization, to be filed with the Veterans' Administration or has signed a statement that he has had explained to him the right to file such claim: *Provided*, That this section shall not preclude immediate transfer to a veterans' facility for necessary hospital care, nor preclude the discharge of any person who refuses to sign such claim or statement: *And provided further*, That refusal or failure to file a claim shall be without prejudice to any right the veteran may subsequently assert.

2. In accordance with the provisions of this section of the law, no person shall be discharged from the naval service by reason of physical disability until after he has had explained to him his right to file a claim for compensation, pension, or hospitalization.

3. If a person who is discharged from the naval service by reason of physical disability desires to submit a claim for compensation or a pension, the claim and his medical records shall continue to be handled in accordance with the instructions in references (b), (c), and (d). If such a person is in need of further hospital care he shall be transferred to a Veterans' Administration facility in accordance with the instructions and subject to the provisions of references (e) and (f).

4. In those cases where the individual does not desire to submit a claim for compensation or pension he should be *requested* to sign a statement as follows:

I have been told that I am to be discharged from the naval service by reason of physical disability and have been advised of my right to file a claim with the Veterans' Administration for compensation, pension, or hospitalization. I have decided not to submit a claim for any of those benefits at this time. I understand that my failure to file a claim at this time does not prejudice my right to submit a claim in the future.

5. This statement does not constitute a waiver of any rights and should not be referred to as a waiver. The signed statement should be attached

to and forwarded to the Bureau of Medicine and Surgery with the terminated health record for filing. If at a later date the veteran decides to submit a claim for benefits the statement will be forwarded to the Veterans' Administration with a copy of his medical record.

6. If a veteran who has been discharged from the service by reason of physical disability does not desire to submit a claim for compensation, pension or hospitalization and refuses to sign the statement referred to in paragraph 4, the unsigned statement shall be forwarded to the Bureau with a notation to that effect.—*Ross T McIntire*.

44-181—Army Publications, Supplemental List of

A10-3/EW(121), 21 Sept. 1944

To: All ships and stations.

Red.: (a) BuMed ltr., A10-9/EW(121), 12 Apr. 1944, par. 2
 (b) EXOS ltr. AO(Pub.) over FMK: mfp, 25 Feb. 1944.

1. In accordance with reference (a), a supplemental list of United States Army publications treating medico-military subjects available to date for limited distribution is as follows:

No.	Title	Date
SB 8-8	Item 12565 Liver, Purified Extract, USP 50 Units	18 May 1944
TB, 55-285-1-	Echelon Maintenance Schedule for Hospital and Kitchen Cars	24 July 1944
TB MED 12-	Lecture Outline for Officers on Personnel Adjustment Problems	22 Feb 1944
24	Medical and Sanitary Data on the Kurile Islands	27 Mar 1944
26	Medical and Sanitary Data on the Aegean Islands	30 Mar 1944
27	Medical and Sanitary Data on Germany	6 Apr 1944
29	Medical and Sanitary Data on Norway	4 Apr 1944
36	Medical and Sanitary Data on Belgium	27 Apr 1944
38	Medical and Sanitary Data on France	3 May 1944
39	Medical and Sanitary Data on the Netherlands	8 May 1944
40	Medical and Sanitary Data on Albania	11 May 1944
41	Medical and Sanitary Data on the Palau Islands	11 May 1944
42	Data from the Field on Malaria Control	13 May 1944
46	Medical and Sanitary Data on Kamchata	28 May 1944
47	Control of Diseases of Respiratory System and Other Diseases Transmitted by Discharge from Respiratory Tract	28 May 1944
48	Management of Neurosyphilis	31 May 1944
49	Medical and Sanitary Data on Rumania	31 May 1944
50	Medical and Sanitary Data on the Caroline Islands	31 May 1944
63	Medical and Sanitary Data on Thailand	5 July 1944
67	Medical and Sanitary Data on Celebes	19 July 1944
68	Medical and Sanitary Data on Philippine Islands	18 July 1944
69	Notes on Certain Diseases of the Chest	22 July 1944
70	Medical and Sanitary Data on the Molukken Islands and Islands in the Eastern Part of the Banda Sea	21 July 1944
71	Tuberculous Pleurisy With Effusion	28 July 1944
72	Treatment of Clinical Malaria and Malarial Parasitemia	10 July 1944
73	Medical and Sanitary Data on Yugoslavia	31 July 1944
77	Medical and Sanitary Data on Burma	2 Aug 1944
78	Taking of Blood Specimens	4 Aug 1944
81	Trench Foot	4 Aug 1944
82	Sand-Fly (Pappataci, Phlebotomus) Fever	8 Aug 1944
87	Data on Malaria Control	23 Aug 1944
89	Pilonidal Cyst and Sinus	2 Sept 1944
TB Sig	Improved Psychrometric Measurements with Psychrometers ML-24 and ML-224.	11 Aug 1944

2. Medical Department activities may obtain copies of any of these listed Army publications by letter request directed to BuMed. These letter requests should give the catalog number, title, and date of publication, and number of copies needed for a 6-month period as of 1 July and 1 January—*L. Sheldon, Jr.*

44-182—Impregnation of Clothing for Protection Against Tsutsugamushi Disease (Scrub Typhus)

P3-2/P3-1(092), 26 Sept. 1944.

To: All ships and stations.

1. The only effective method available at this time for protection of personnel against tsutsugamushi disease (scrub typhus), which is transmitted by mites (chiggers), is impregnation of clothing with an emulsion of dimethylphthalate.

2. The areas where the infected mite is found are roughly as follows: New Hebrides; Solomons; the East Indies; the Philippine Islands; the Malay States; Thailand; French Indo-China; Southern China; Formosa; the Pescadores Islands; India; Ceylon; Burma; Japan; and parts of the Province of Queensland, Australia.

3. When in the opinion of the various theater commanders or other competent authority the danger of acquiring scrub typhus is potentially of serious degree, or where scrub typhus is actually occurring in such numbers as to warrant the below procedures, it is directed that the outer clothing and bedding such as sheets and blankets, of all naval personnel stationed or landing in the above areas (par. 2) or other areas suspected of being mite infested be impregnated with an emulsion of dimethylphthalate.

4. Instructions for impregnation of uniforms and bedding.

(a) Materials required to treat 100 uniforms:

Dimethylphthalate	7.5 quarts.
Soap, laundry, ordinary, bar	6 pounds (approx. 7 cakes).
Water	35 gallons.
55 gallon oil drum (empty)	1.
35 gallon G. I. can or similar container	1.
G. I. egg whip (wire)	1.

(Makes 37 gallons of emulsion containing 5 percent dimethylphthalate and 2 percent soap.)

(b) *Procedure:*

(1) Cut soap into small pieces and boil in 10 gallons of water to dissolve. Then add 25 gallons of cold water.

(2) Pour 4 or 5 gallons of this soap solution into a G. I. can or similar container, add 7.5 quarts dimethylphthalate slowly while whipping vigorously with an egg whip to make a creamy concentrate.

(3) Pour this concentrate back into the drum of soap solution and stir to make the finished emulsion.

(4) To prevent settling it is necessary to stir the emulsion slowly while clothing is being dipped.

(5) Put socks in trouser pockets. Immerse clothing, *including those parts held in hands*, in the emulsion and wring out over a second container to save excess liquid. Hang uniform up to dry.

(6) Only dry uniforms should be dipped to assure adequate treatment and to avoid diluting the emulsion.

5. *Procurement:*

(a) Pure dimethylphthalate in 1 gallon containers is listed in the Medical Supply Catalog under the following designation: "Insect repellent; liquid

(for mosquitoes, biting flies, gnats, fleas, chiggers (mites), Stock No. S13-449," and may be procured by submitting NavMed Form 4 (or dispatch by ships and stations in foreign countries) to the nearest naval medical supply depot or medical supply storehouse.

(b) Soap, laundry, ordinary, bar, is listed in Federal Stock Catalog as No. 51-S-1645 (Fed. Spec. No. P-S-591a) and should be procured from local supply officer.

6. General comments:

(a) The recommended amount of dimethylphthalate to be procured is approximately at the rate of 50 gallons per month per 1,000 men, with automatic replenishment.

(b) For preparing large quantities of emulsion, a simple procedure is to make a 25 percent emulsion of dimethylphthalate in 10 percent soap solution and mix one part of this concentrate with four parts of water.

(c) The clothing and bedding should be thoroughly dry before use. If practicable, a symbol designating impregnation and date should be attached to treated articles. Under ordinary circumstances, impregnated articles will retain their effectiveness after three washings.

(d) An impregnated uniform retains its effectiveness for 1 month unless laundered by hard scrubbing with soap and hot water. It loses its effectiveness ordinarily if exposed to swiftly running fresh water for 15 minutes, or to salt water for 30 minutes.

(e) A cold-water rinse, sun, rain, walking in wet grass, or excessive perspiration do not seriously impair the protective qualities.

(f) Impregnated bedding remains effective, under ordinary circumstances, if unlauded, for at least 2 months.

(g) It is recommended that drawers be worn at all times while wearing treated uniforms, since the dimethylphthalate may irritate the scrotum.

(h) The insect-repellent mixture issued in 2-ounce bottles, Stock No. S13-450, is not pure dimethylphthalate, will not emulsify, and should not be used for impregnation.

7. As a general rule it is recommended that uniforms be treated once a month.—*Ross T McIntire.*

44-183—Publicity Policy on Malaria and Malaria Control

RESTRICTED. P2-3/P3-1 (012-41); 26 Sep. 1944

To: All ships and stations.

Ref.: (a) Joint Chiefs of Staff Memo JSC/B22, serial 7109, 29 Jul. 1944.

1. By reference (a) the publicity policy on malaria and malaria control, approved by the Joint Chiefs of Staff and concurred in by the Inter Service Security Board, became effective at 1800 Z on 30 Jul. 1944.

2. As set forth in reference (a), information regarding malaria and malaria control will be divided into the following classes:

(a) *Classified:*

(1) Full chemical names, formulae, methods of manufacture and propagation of new chemicals and biological agents for the treatment, prophylaxis, or field control of malaria which are developed after the date of approval of this policy or which are now developed and are presumed to be unknown to the enemy.

(2) Statistical information concerning the incidence of malaria in the

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armed forces in any particular combat area and the casualties or the casualty rates resulting therefrom.

(3) Information involving designation of theaters of operation by names and locations.

(4) Information which reveals the scope and extent of our research in this field or the progress made in any specific phase of such research.

(5) Information which reveals the full extent of antimalarial measures which are being taken in any particular combat area.

(6) Information concerning deployment of malaria control and survey units.

(b) *Unclassified*.—Information about malaria and malaria control which has already been published and is a matter of common knowledge.

(1) Clinical description of malaria.

(2) Material on the biology of malaria parasites and vectors.

(3) Names of existing chemicals or biological agents used for the treatment, prophylaxis, or field control of malaria which are matters of common knowledge.

3. Within the limits of the policy stated above, the Surgeon General will recommend for release, subject to clearance with the Office of Public Relations, Navy Department, suitable material dealing with malaria and malaria control provided it is such as to be considered unclassified.—*Ross T McIntire*.

44-191—Altitude Training Unit Report Forms, Replacement of

A21/P11-1 (094), 30 Sep. 1944

To: NAS, (Alameda, Corpus Christi, Jacksonville, Miami, Norfolk, Pearl Harbor, Pensacola, Quonset Point, San Diego, Seattle, Hutchinson, Vero Beach).
MarCorpsAirStas, (Cherry Point, Quantico, Miramar).

Ref.: (a) CNO ltr OB-34-I/ab Serial No. 206434, to Chief BuMed, 25 Jul. 1944.

Encl.: (A) NavMed—439 with instructions
(B) NavMed—440 with instructions.
(C) One copy of ref (a). (*Encls. available on request.*)

1. Upon receipt of BuMed forms 439 and 440 further use of NavAer forms 1259 and 1039 will be discontinued.

2. A report of the activities of the altitude training unit will be forwarded each month in accordance with encls (A) and (B). These reports will be addressed to the Bureau of Medicine and Surgery. Attention: Division of Aviation Medicine. By direction of the Chief, BuMed.—*J. C. Adams*.

44-194—Utilizing Services of Officers Fit for Duty Awaiting Discharge From Treatment at Naval Hospitals

P16-S/00 (043); 4 Oct. 1944

To: *NavHosp*s (Continental).

Ref. (a) BuPers cir. ltr. #133-44, 5 May 1944, (N. D. Bulletin, Item 44-568).

(b) BuPers cir. ltr. #211-44, 24 Jul. 1944, (N. D. Bulletin, Item 44-874).

1. The Bureau of Naval Personnel has informed this Bureau that the reference letters were intended to apply equally to officers considered fit for all duty and those fit for only limited duty.

2. In view of the above, it is directed that the procedure outlined in references be applied accordingly.

3. Information received in the Bureau of Naval Personnel indicates that in some cases the commandant or commanding officer to whom the officer patient reported appeared to be unaware that the officer was awaiting the approval of the report of a board of medical survey. Therefore, instructions from a naval hospital to an officer to report to a commandant or commanding officer should show that the assignment is for the interval required for the approval of a report by a board of medical survey.—*Ross T McIntire.*

JOINT LETTER: BuMed, BuPers

44-195—Physical Examinations for Officers Assigned to Duty Outside the Continental Limits

P2-5/00 (021), Pers P/2-5, 5 Oct. 1944

To: All ships and stations

Ref.: (a) Joint ltr. Pers-316-vmp, P2-5, BuMed P2-5/00(021), of 1 Mar 1944. (N. D. Bul. Item, 44-321.)

1. Effective immediately, paragraph 1 (a) of reference (a) is revised to read as follows, and paragraph 1 (c) thereof is canceled:

Officers ordered for duty outside the continental limits will be given a complete physical examination prior to date of detachment, and a flight physical examination will be given to aviators. If the wording of orders is such that there is not sufficient time available to accomplish this physical examination, the commanding officer will endorse the orders to that effect, stating the reason the officer was not physically examined.—*Ross T McIntire—L. E. Denfeld.*

44-196—Filariasis Registry; Establishment of

P2-3/P3-1 (104-42), 6 Oct. 1944

To: AlStasCon

1. A filariasis registry has been established with headquarters at Marine Barracks, Klamath Falls, Oreg., and it is anticipated that a representative of the registry will visit various activities for the purpose of interviewing and examining all personnel with this disease.

2. The purpose of the filariasis registry is to make and keep a record of all personnel, Navy and Marine Corps, having a diagnosis of filariasis; to keep all such patients under surveillance as long as they are on active duty. The information obtained is necessary to evaluate the extent of the problem the disease presents, as well as to furnish an adequate follow-up system necessary to the ultimate disposal and handling of this personnel.

3. It is directed that all health records be examined immediately and if

the entry of filariasis has been made, the name, rate, or rank, and station to which the individual is attached shall be forwarded to the registry with a notation as to the findings existing referable to filariasis, particular attention being directed towards lymphadenopathy, lymphangitis, and lymphedema.

4. Health records of all personnel with filariasis shall be stamped in red ink at the top of the front of the outside cover with the word, "filariasis." In addition, the following statement shall be stamped on the appropriate clinical sheet, "filariasis, notify filariasis registry, Marine Barracks, Klamath Falls, Oreg., concerning any objective findings or other pertinent information referable to filariasis in compliance with BuMed letter, P2-3/P3-1 (104-42), 6 October 1944." The registry likewise will be notified at the time personnel are attached, transferred, discharged from the Service, or released from active duty.

5. The registry will be notified each time an individual with filariasis is admitted to the sick list for any cause. The reason for admission shall be furnished, and in addition a statement shall be made concerning any sign or symptom referable to filariasis. A note to the effect that the registry has been notified of the admission shall be entered in the health record.—*Ross T McIntire.*

44-198—Policy Relative to Photofluorographic Units: Procurement, Assignment, Personnel, and Operation of

P3-3/P3-1 (054-40); 11 Oct. 1944

To: AlStasCon

Ref.: (a) BuMed ltr., P3-3/P3-1(054-40), 13 June 1944.
(b) BuMed ltr., P3-3/P3-1(054-40), 17 July 1944.
(c) BuMed ltr., P3-3/P3-1(054-40), 18 Sept. 1944.

1. Administrative control of the above subject units shall be vested in the Bureau of Medicine and Surgery. This authority shall extend to the assignment and transfer of stationary and mobile photofluorographic units, the selection of types of apparatus and equipment to be used, the approval or disapproval of requests for procurement of all accessory equipment for both stationary and mobile units, the training of officer personnel of the units, the supervision of the technical and professional quality of the examinations, the establishment of itineraries between naval districts, and the control of other movements of the mobile units.

2. The Bureau of Medicine and Surgery will approve specifications, and award contracts for the procurement of stationary and mobile photofluorographic units, and of accessory equipment.

3. The Bureau of Medicine and Surgery will make recommendations to the Bureau of Naval Personnel for the assignment of suitable officer and enlisted personnel to the units, and for the issuance of travel orders to the operational personnel of the mobile units.

4. Mobile units will be ordered to report to district commandants for duty. Immediately upon reporting at a naval district, the medical officer-in-charge of a unit shall consult with the district medical officer and determine the itinerary, copies of which shall be forwarded to the Bureau of Medicine and Surgery and to all interested activities within the district.

When inclusion of nearby stations in adjoining districts would result in saving of time and expense, such stations should be included in the itinerary subject to the approval of the commandants concerned.

5. The medical department activity to which a unit is permanently assigned will be responsible for the cost of gasoline, oil, repairs, and upkeep. While in a travel status the medical officer-in-charge of the unit should be furnished with necessary credit cards, forms and certificates for the procurement of necessary gasoline, oil, tire repairs, etc., for use in obtaining such items if they are not available at the stations visited.—*Ross T McIntire.*

44-199—Hospital Patients; Transportation of Via the Naval Air Transport Service

P16-3/A21(071); 12 Oct. 1944

To: NDs (Less 10, 14, 15, and 17) *RivComs and NavHosp*s (All types).

Ref.: (a) CNO ltr. Op-36-C2-dg, Serial 402936, 6 Oct. 1944.
(b) CNO Airmailgram 231539, Aug. 1944.

Encls.: A. (HW) Naval air transport service hospital schedule.
B. (HW) Directory of naval air transport offices.
C. (HW) Directory of suitable airports adjacent to naval hospitals
(Encl. A through C canceled by BuMed ltr. 1-3-45).

1. The transportation of patients by air between naval hospitals within the continental limits of the United States has within the past few months, increased to an extent warranting the establishment of regularly scheduled hospital flights. The naval air transport service in reference (a) has therefore authorized operation effective on or about 1 November 1944, the exact date to be designated by despatch from CNO (NATS), of the schedule set forth in enclosure A which is predicated upon the present requirements for the air transportation of patients as estimated by the Bureau of Medicine and Surgery in reference (b). Special flights will continue to be operated from time to time as the exigencies of the service require and patients will continue to be carried on certain other naval air transport service flights. Special flight requests should be held to an absolute minimum in view of the scheduled service provided by reference (a).

2. The following procedures are hereby promulgated to insure complete cooperation between the medical officers in command of naval hospitals, the district medical officers and the naval air transport service:

a. Naval hospitals desiring the air transportation of patients, except those hospitals located within the Potomac and Severn River Command, shall make application to the appropriate district medical officer. When the requests have been pooled and the patients most urgently requiring such transportation ascertained, the district medical officer shall contact the Bureau of Medicine and Surgery (professional division) for permission to effect the transfer. Hospitals located within the Potomac and Severn River Command shall individually submit requests directly to the Bureau of Medicine and Surgery (professional division). The Bureau of Medicine and Surgery will answer requests by deferred naval despatch, sending an information copy of all approved requests to the destination hospital for

information. Upon receipt of approval to transfer patients, the district medical officer or, in the case of the Potomac and Severn River Command, the Bureau of Medicine and Surgery (professional division), shall request the desired amount of space from the nearest naval air transport office as shown in enclosure B, and shall provide that office with the following information:

- (1) Number of litter patients.
- (2) Number of ambulatory patients.
- (3) General type of patient (mental, tuberculosis, or miscellaneous).
- (4) Number of attendants which will be provided by the hospital to accompany its patients.
- (5) Date and time transportation desired.
- (6) Originating station.
- (7) Destination.

In connection with (6) and (7) above, enclosure C provides a list of airports with facilities suitable for use by the naval air transport service which are located adjacent to naval hospitals.

b. Upon confirmation of the space by the naval air transport office, the district medical officer shall prepare orders for the patients and attendants. These orders shall be so worded that endorsements will not be required en route, and release may be effected at the destination airport without delay. The patients' and attendants' orders shall direct travel via government aircraft, authorize per diem, state the quantity and serial of meal tickets issued enlisted personnel, and further state that the meal tickets used will be deducted from the per diem at one dollar per meal. The orders shall state that class II priority via NATS is certified. The attendants' orders shall, in addition, direct travel via commercial aircraft or other commercial transportation, and in the instance of the attendant having custody of a medical kit, authorize the excess baggage required, should his personal gear and the medical kit exceed the 40 pounds' baggage limitation of the commercial airlines and NATS. Commercial transportation shall be utilized by the attendants for the return trip only when Government air transportation is not available. Patients on hospital flights will automatically be granted by NATS a personal baggage allowance of one seabag and one ditty bag. Luggage, hammocks, or personal bedding will not be accepted aboard the aircraft.

c. The naval air transport service will equip each aircraft with field litters. Upon enplaning and deplaning litter patients, an exchange of litters will be accomplished at the airport between the aircraft and the hospitals concerned (patients in Stokes stretchers are not acceptable). The originating hospital shall provide the supplies necessary for the care of its patients, such as sheets, blankets, pillows, pillow slips, restraining apparatus, urinals, bedpans, medications, and sleeping bags when desired. These supplies, including soiled linen, shall be packaged by the destination hospital and promptly returned to the nearest naval air transport office for shipment via NATS on a memo bill of lading to the appropriate hospital. If a medical kit is provided by the originating hospital, the attendant shall be instructed whether or not it will be returned in his custody. In general, the employment of an expendable kit which may be given to the destination hospital is preferred.

d. The naval air transport service will provide drinking water and will also attempt to make available hot soup at all scheduled stops. However, the originating hospital shall make provision for the feeding of its own patients and attendants en route. This may be accomplished by the preparation of lunches or preferably by issuance of meal tickets which will provide for the cost of meals purchased ashore.

e. The naval air transport service will contact the destination hospital upon departure of the flight from its final fuel stop, advising the expected time of arrival at the airport, the number and type of patients, and the number of litter cases. The destination hospital shall, without exception, promptly meet all flights and provide the litters necessary to effect an exchange at the airport.—*Ross T McIntire*.

44-202—Cadet Nurses—Reporting of Hospitalization of

A11/EE12(014-43); 13 Oct. 1944

To: NavHosp (Chelsea, Portsmouth, San Diego, Oakland, Seattle, St. Albans).

Ref.: (a) BuMed ltr. A11/EE(014-43), 5 Jul 1944.

1. Paragraph 2 of reference (a) is hereby modified in that the prescribed E. C. C. forms and reports shall be submitted to the United States Employees' Compensation Commission *only* in those cases of injury of a cadet nurse sustained while in the performance of duty or of disease which might be proximately caused by employment, whether or not disability has arisen. A report should be submitted to the United States Employees' Compensation Commission in any case in which a cadet nurse alleges such occupational relationship.—*Ross T McIntire*.

44-203—Accounting for and Recording of Materials or Services Received From, or Through, Procurement Division, Treasury Department, Ultimately Chargeable to BuMed Appropriations by Treasury Transfer and Counter Warrant

L10-5/ET(102); 14 Oct. 1944

To: AlNavStas, Rec Ships and MarCorps Activities.

1. Prior to 1 Jan. 1944 a copy of an applicable memorandum public voucher (standard Form 1034 (a) or 1080 (a)) covering such materials or services was prepared in the Bureau of Supplies and Accounts and forwarded to each pertinent accounting activity. Medical Department activities obtained from the supply or accounting department a copy of this memorandum public voucher or sufficient information relative thereto, took up the value in the Medical Department accounting records, and reflected the transaction on NavMed B. Beginning with 1 Jan. 1944, the procedures were modified by the Bureau of Supplies and Accounts to the effect that memorandum public vouchers will *not* be prepared by the Bureau of Supplies and Accounts and, therefore, no copy will be furnished any Medical Department activity.

2. The following procedures shall be placed in effect upon receipt of this letter:

(a) Upon receipt of materials or services either one or the other of the following documents should accompany delivery:

(1) Treasury Department Procurement Division warehouse invoice—Form No. 727-A. This document is used when material is issued from stock in Treasury Department Procurement Division warehouses.

(2) Treasury Department Procurement Division invoice for supplies—Form Nos. 49A and 49F. This document is used when material is furnished by a commercial concern and not directly from Treasury Department Procurement Division warehouse stock.

(3) Treasury Department Procurement Division invoice No. 32. For fuel oil (only).

(4) Treasury Department Procurement Division invoice No. 202-C. Invoice for garage supplies and services.

(5) Treasury Department Procurement Division invoice No. 24-C. Type-writer repairs. These documents shall be considered as liquidating public vouchers, and shall be recorded as expenditures by Medical Department activities as under:

At naval hospitals, the expenditure to be recorded in the allotment control register and other applicable records.

At shore activities, the expenditure to be recorded in the allotment control register, other applicable records, and as a receipt in the journal of receipts and expenditures.

(b) These transactions shall be reflected in all records and in table 2, NavMed B, or on a subsidiary schedule supporting the total amount reported in table 2, in the following manner:

(1) Treasury Department Procurement Division invoice number.

(2) The M&S requisition number under which the material or services were ordered.

(3) The amount of each invoice.

(c) To hospitals and Medical Department activities preparing S&A Form 280, the Bureau of Supplies and Accounts will abstract a photostatic copy of the Treasury Department Procurement Division invoice to be reflected as a title 12 "0" voucher. No Medical Department activity is required to furnish this Bureau with copies of Treasury Department Procurement Division invoices described in paragraph 2 (a) above unless a copy of a particular invoice is specifically requested.

3. Activities beyond the continental limits of the United States not granted Medical Department allotments, and operating under the provisions of AINav 77, 11 Apr. 1944, shall record the value of such invoices in the journal of receipts and expenditures and in the applicable property ledgers.

4. Activities within the continental limits of the United States, such as recruiting stations, etc., not submitting NavMed B shall record the value of such invoices in the journal of receipts and expenditures, in the applicable ledgers, and reflect such on NavMed E.

5. The procedures outlined herein will be subject to further revision when the Treasury Department Procurement Division, under the authority of Public Law 375, approved 28 June 1944, modifies its present system of obtaining reimbursement for materials and services furnished.—*Ross T Mc-Intire.*

JOINT LETTER: BUMED—MARCORPS

44-204—Enlisted Men Classified as Physically Qualified for Limited Duty Only; Policy Regarding Separation From the Service in the Cases of

P16-3/MM, 17 Oct. 1944

To: NavHospitals and MarCorps Activities.

Ref: (a) Ltr. of Instruction No. 683, 16 Mar. 1944.

1. Many requests for discharge have been received at Headquarters, United States Marine Corps, from enlisted men who have become disabled for general service and placed on a limited duty status in accordance with the provisions of reference (a).

2. A request for special order discharge from any enlisted man in the above category will not be considered by Headquarters, United States Marine Corps, as it might jeopardize any benefits to which he might be entitled as the result of his physical disability. Therefore, any enlisted man serving in a limited duty status where there is no indication that he will be found physically qualified for full duty within a period of 6 months or more, who desires discharge, may submit a request to his commanding officer. The commanding officer will have him admitted to the sick list and then brought before a board of medical survey for report and recommendation, as provided for in paragraph 8 of reference (a). It is not necessary that such cases be admitted to naval hospitals incident to submission of the report of medical survey unless there exists a need for hospitalization.

3. At the present time this policy does not include men on limited duty as the result of filariasis or malaria inasmuch as they may become physically qualified for unlimited duty within 6 months.—Ross T McIntire and A. A. Vandergrift.

44-206—Clinical Records for the Veterans' Administration

P3-5/P19-1(034); 20 Oct. 1944

To: NavHospitals (All Types Continental)

Ref: (a) BuMed ltr. P2-2/P3-1(054-40), 14 Oct. 1942.

(b) BuMed ltr. P3-5/P19-1(034), 25 Nov. 1942.

1. The Bureau receives occasional requests from the Veterans' Administration for clinical records on file at the naval hospitals. These records are required by the Veterans' Administration in connection with the adjudication of pension claims of veterans whose health records have been lost or who claim that they were treated at naval hospitals for disabilities not noted in their health records.

2. To simplify clerical procedures and to expedite action on the pension claims in these cases, the activities addressed are hereby authorized to loan clinical records of discharged veterans to the Veterans' Administration, Washington, D. C., or to any of the Veterans' Administration area or regional offices upon request without reference to this Bureau. The records will be returned to the hospitals for file after the Veterans' Administration has finished with them.

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3. Attention is invited to references (a) and (b) which authorized the naval hospitals to loan X-ray films and social history reports to the Veterans' Administration for temporary use.—*Ross T McIntire.*

44-207—Chlorinated Solvents, Methyl Chloride, and Methyl Bromide—Health Hazards of

P2-3/JJ51 (074); 21 Oct. 1944

To: All ships and stations

Ref.: (a) BuMed ltr. P2-3/JJ51(074), 28 Jul. 1944, par 2, A (1).
(b) Same ltr. par. 2, C (1).

1. Reference (a) is hereby modified to read as follows:

The chlorinated solvents commonly issued to the naval service are as follows:

- (a) Dichlorethane (ethylene dichloride).
- (b) Tetrachlormethane.
- (c) Trichlorethylene.
- (d) Tetrachlorethylene.
- (e) Tetrachlorethane.

2. It was stated in reference (a) that the above listing represented the order of increasing toxicity of the compounds on inhalation. This has been found to be erroneous as a result of subsequent review of available data. The exact sequence of toxicity is very difficult, if not impossible, to determine with some of the substances listed.

3. Reference (b) is hereby modified to read as follows:

These chlorinated solvents are colorless, not unpleasant smelling liquids which evaporate forming poisonous fumes. On contact with heated metal or open flames these compounds decompose into phosgene and hydrochloric acid-gas which may be recognized by their odor.

4. This will correct a possible erroneous impression from reference (b) that this heating effect is limited to carbon tetrachloride and trichloroethylene.—*Ross T McIntire.*

44-208—Physical Training Program for Patients; Establishment of

P11-1/P10-1(102), 23 Oct. 1944

To: NavHosp (all Types Continental).

Ref.: (a) BuMed ltr., P4-4/P3-2(081), 12 Apr. 1944.

1. Attention is invited to reference (a), paragraph 2, which includes maintenance of an optimum state of general physical fitness of patients among the procedures of the rehabilitation program. Physical training personnel, both officer (D-V (S)) and enlisted (specialist (A)), will be assigned to all hospitals for duty from the physical training section of the training division of the Bureau of Naval Personnel to conduct this feature of the program. Personnel who majored in physical education in college in civil life and who, in many instances, have had experience in corrective exercises, have been selected for this duty and are currently undergoing a course of indoctrination. The first group will complete this course on 21 Oct. 1944, and subsequent groups will follow at weekly intervals.

2. It is the belief that physical exercise of graded intensity which is under the control of medical officers and which is prescribed for the patient as a part of his treatment will have salutary effects in reducing the deterioration in physical fitness which accompanies confinement to bed, afford a means for cooperative group activity, increase a sense of well-being, and expedite return to an optimum state for the individual with a resulting decrease in sick days.

3. It is directed that physical training for patients be included in the daily routine of the hospital and considered a part of the general treatment plan. All patients should be required to participate in appropriate physical exercise daily. This exercise is to be considered an adjunct to treatment; hence, participation should not depend entirely on the volition of the patient. Physical exercise for the individual patient, however, shall, at all times, be confined to activities which the responsible medical officer deems appropriate and shall not exceed limitations set by him. Advantage should be taken of past training and experience of physical training personnel to conduct corrective or other special exercises where indicated.

4. As a part of their indoctrination, which includes many of the features of a "refresher course" in physical education, the physical training personnel assigned to hospitals will be furnished a manual of carefully selected, graded physical activities satisfactory to the Bureau which will be uniform and which may be followed without interruption in the event of the transfer of a patient from one hospital to another.

5. Attention should be directed in the initial stages of the program to developing a practicable routine whereby patients confined to their beds or to their wards will participate in physical exercise. Such patients are inactive physically and it is to be anticipated that they will benefit most from exercise appropriate to their physical condition. Patients on the neuro-psychiatric service who are confined to their wards or otherwise restricted comprise a group for which organized exercise is especially indicated.

6. In order to facilitate assignment of patients to physical training by ward medical officers, and to guide physical training personnel in their work, all patients shall be classified as to their ability to undertake physical activity and be reclassified promptly as changes occur in their general condition. The following groups are suggested:

- (5) No activity.
- (4) Confined to bed.
- (3) Confined to ward.
- (2) Ambulant, but with stated restrictions on physical activity.
- (1) Ambulant—no limitations on physical activity.

7. At all times physical training for patients should consist of activities which will contribute most to rapid restoration of a state of physical fitness suitable for the individual. Athletic sports should be included, as they may contribute to this end. Physical training activities, including athletic sports for patients, will be conducted by physical training personnel. They may also be assigned supervision of voluntary recreational athletic programs for staff personnel if desirable under local conditions.

8. Physical training personnel are under the cognizance of the Bureau of Naval Personnel, but it has been agreed that they will report to and be under the command of the medical officer in command in the same status as medical department personnel. Although personnel for this program have been carefully selected and further screened during their course of

indoctrination, it is possible that individuals may prove temperamentally or otherwise unsuited for duty in hospitals, for reasons which do not reflect unfavorably upon the individual, nor warrant an unfavorable entry upon a report of fitness. Such instances, with appropriate recommendations, should be brought to the attention of the Bureau of Naval Personnel via this Bureau. Functionally, the status of physical training personnel should be similar to that of other personnel trained in various technical specialties now attached to hospitals. The senior physical training officer should be a member of the rehabilitation board of the hospital.

9. Complements of physical training personnel for each hospital will be recommended initially by this Bureau in collaboration with the Bureau of Naval Personnel on an approximate basis of 1 officer to each 1,000 patients, and 1 specialist (A) to each 100 patients. It is not contemplated that ratio can be furnished immediately; subsequent adjustments will be made on the recommendation of the medical officer in command to the Bureau of Naval Personnel via this Bureau.—*Ross T McIntire.*

44-209—Members of the Women's Reserve; Misconduct Status in Cases of Disabilities

Restricted: A18-1/EN (122-41); 24 Oct 1944

To: AlNavStas.

Refs.: (a) JAG's opinion JAG:II:JAL:amp 19 Jul. 1944.
(b) JAG's opinion JAG:II:JAL:ac 8 Aug. 1944.
(c) Women's Reserve Circular Ltr. No. 3-44.
(d) Article 1196, United States Navy Regulations.

1. The Secretary of the Navy has approved the following opinion expressed by the Judge Advocate General 19 July 1944 relative to the conduct status of disabilities resulting from pregnancy or sequelae thereof necessitating the admission of a member of the Women's Reserve to the sick list:

There appears to be no statutory requirement that pregnancy or complications resulting therefrom be considered misconduct. The chief of naval personnel has already ruled that pregnancy, regardless of the marital status of the member of the Women's Reserve involved, is cause for separation from the naval service under honorable conditions.

It is, therefore, the opinion of this office that it is not required by law that the conduct status of a disability due to pregnancy or sequelae thereof, necessitating the admission of a member of the Women's Reserve to the sick list, be established. It is recommended that the Navy Department adopt a policy in line with the policy of the War Department with reference to such case and that in such cases discharges of the character to which the member concerned would otherwise be entitled be issued, and that pregnancies of members of the Women's Reserve of the Navy and Marine Corps, and the direct complications and sequelae thereof, be considered not in the line of duty, and that no entry be made in the health record or any other official government record with reference to the conduct status.

2. On 8 Aug. 1944, the Judge Advocate General expressed an opinion approved by the Secretary of the Navy on the same date relative to the conduct status of nontherapeutic abortions necessitating the admission of

members of the Women's Reserve to the sick list. The following paragraphs are quoted from this opinion.

In reference (a) this office expressed the opinion that the law does not require that the conduct status of a disability due to pregnancy or sequelae thereof, necessitating the admission of a member of the Women's Reserve to the sick list, be established and that no entry need be made in the medical record relating to the conduct status of such conditions. This opinion was inspired by a belief that social expediency was best served by granting discharges to individuals who became pregnant outside of marital relationship. Therefore, if such a person has a miscarriage or suffers other illness consequent upon the original pregnancy, she should not be penalized as regards her conduct status. However, this should not hold true in cases of nontherapeutic abortions regardless of the marital status. Involuntary miscarriage is one of the natural sequelae of pregnancy, medical authority stating that it occurs in approximately 10 percent of pregnancies. On the other hand, to induce a nontherapeutic abortion voluntarily or to submit to its procurement by another is a statutory crime in practically every jurisdiction in the United States. Such abortions, outside of the criminal aspects, are generally regarded as contrary to good morals whether the individuals concerned be married or single, and the statutes defining the offense make no distinction.

The War Department, so this office is informed, has consistently held, in several recent cases, that nontherapeutic abortion is to be considered as not in line of duty, but due to the individual's own misconduct.

In view of the foregoing considerations, it is the opinion of this office that disabilities of members of the Women's Reserve arising out of nontherapeutic abortions should be held to be the result of their own misconduct.

3. Whenever it becomes necessary to admit a member of the Women's Reserve to the sick list because of pregnancy, involuntary miscarriage, or any other complication of pregnancy, the disability shall be considered as not in the line of duty, but no entry will be made with reference to the conduct status regardless of the woman's marital status. The Navy Department's policy with reference to the resignation and discharge of members of the Women's Reserve as a result of pregnancy was outlined in reference (c).

4. Admissions to the sick list because of voluntarily inducing, attempting to induce, or the procurement of a nontherapeutic abortion shall be considered not in the line of duty and due to the patient's own misconduct. The provisions of reference (d) will apply in such cases.—*Ross T McIntire.*

44-212—Educational Services Function in the Rehabilitation Program of the Medical Department

A3-1/P11-1 (021-43); 27 Oct 1944

To: NavHosp (all Types Continental)

Encl: A. (HW) BuPers Memo Pers-414-vm to Rehabilitation Division, BuMed, 19 Sept. 1944.

1. Enclosure A, which was prepared in consultation with this Bureau, is forwarded for information and guidance. Attention is invited to para-

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graph 8 (b), in which mention is made of local vocational school shops conducted under Smith-Hughes and George Deen funds.

2. The following information furnished by the Bureau of Naval Personnel is given in order to clarify the use of these funds:

(a) Smith-Hughes and George Deen funds are appropriated by Congress and administered by the United States Office of Education for the support of vocation education in public school systems. Subject to the approval of school authorities, servicemen may be accepted for training in classes supported by those funds without further charge to the Government.

(b) Servicemen are not eligible for training in classes conducted under the vocational training for war production workers program except by reimbursement to the Federal Security Agency for training given. There are no funds available in the Navy Department budget to cover the cost of such training for hospitalized personnel.

3. Educational services personnel are carefully selected for duty in naval hospitals and are further screened during their course of indoctrination. It is possible, however, that individuals may prove temperamentally or otherwise unsuited for hospital duty for reasons which do not reflect unfavorably upon the individual, nor which might warrant an unfavorable entry on the report of fitness. Such instances, with appropriate recommendations, should be brought to the attention of the Bureau of Naval Personnel via this Bureau.—*Ross T McIntire.*

Enclosure A

NAVY DEPARTMENT

BUREAU OF NAVAL PERSONNEL

WASHINGTON 25, D. C.

Pers-414-vm

19 Sep 1944

MEMORANDUM

To: Rehabilitation Division, BuMed.

Subj: Rehabilitation Program of the Medical Department of the United States Navy—Educational Services Function in.

Ref.: (a) BuMed ltr., P4-4/P3-2(081), 12 Apr. 1944.

(b) BuPers Circular ltr. #12-43, P-247-NK, P-11-1, 3 Feb. 1943.

(c) P-476, "The Educational Services Officer's Responsibility for Educational and Vocational Counseling," 11 Aug. 1943.

1. In accordance with reference (a), BuPers is assigning trained educational services officers to naval hospitals in the numbers requested by BuMed.

2. Consultations between representatives of BuMed and BuPers have resulted in the following understanding concerning the duties of educational services officers in naval hospitals.

3. There shall be a line officer, designated by BuPers, in charge of the educational services program at each naval hospital. He shall work under the rehabilitation officer appointed by the medical officer in command. He shall be responsible for supervising other educational services personnel

assigned, and for the development of the program as outlined hereafter. Both men and women officers may be utilized in the program.

4. Under the medical officer in command, educational services officers will carry on the duties usually designated as their responsibility and as outlined in reference (b). This will include such activities as enrollments of naval personnel in courses offered by the United States Armed Forces Institute; the organization and supervision of voluntary classes for which instructors and materials are available; the carrying on of the program of vocational and educational guidance; the dissemination of information on the causes and progress of the war. Other duties unique to the hospital situation are covered in the following paragraphs.

5. Under the direction and supervision of the medical officer in command, all of the opportunities available in the educational services program will be made available to all patients. The phases of the educational services program made available to a particular individual will vary depending upon his abilities, interests, physical and mental condition, and whether he will remain in the Navy or be discharged. However, all phases of the educational services are to be made available to all naval personnel when the need and the interest are justified, and the condition of the patient warrants activity of this sort.

6. Patients in naval hospitals may be divided into two groups:

- (a) Those who will return to active duty.
- (b) Those who will be discharged from the service.

Educational services officers will develop their programs to fit these two groups.

7. It is the purpose of educational services to assist BuMed to return as many men as possible to active duty with skills maintained or improved during hospitalization, or new skills acquired where desirable. This will be accomplished by:

(a) Use of training manuals and supporting courses. Training manuals are available from BuPers as per established routine. Supporting courses are available by correspondence study, self study, and organized classes through the educational services section, Bureau of Naval Personnel.

(b) Use of training aids and special devices. These aids and devices, in addition to being excellent training materials, have, in many instances, a high therapeutic value. The educational services officer in charge is directed to contact the appropriate audio-visual training officer and special devices representative regarding the procurement and use of these materials.

8. For those men who will be discharged from the service it is the purpose of educational services to contribute as much as possible toward the aim of BuMed as stated in paragraph 4 of reference (a) to ". . . provide adequately for procedures which will facilitate their post-service adjustment," and again in reference (a), paragraph 8, educational services officers are to initiate procedures outlined in reference (c) with modifications as desirable in the hospital situation.

(a) Patients whose diagnoses indicate that they will probably return to civilian life instead of active duty should be helped in developing a program of education consistent with their abilities, aptitudes, interests, and educational and vocational plans.

(b) Prevocational training, when it can appropriately be offered while the patient is still in the hospital, should consist of a short, intensive period of preparation for the job chosen. This period may be spent in one of the

hospital shops, or in a local vocational school shop conducted under Smith-Hughes or George Dean funds. This type of experience is of great assistance to the patient in making a gradual break from hospitalization and invalidism to self-support.

(c) With the approval of the administrative officers of the hospital, full use is to be made of instructional materials of a practical vocational nature and of materials in the occupational therapy shop; the educational classrooms; the arts, crafts and skills studies; the maintenance shops of the hospitals, such as the carpenter shop, the laundry, the galley, the electric shop, the brace shop, the furniture shop, the greenhouse, the garden, and any other educational and training and educational facilities available.

(d) The prevocational training program embarked upon should be the results of the efforts of the psychologist, the educational services officers, the occupational therapy officer, and appropriate medical officers.

9. Before contacting a patient in a naval hospital, the educational services officer will secure the approval of the medical officers designated by the medical officer in command. Extreme care must be taken at all times that the educational services program, as outlined for individuals or groups, is consistent with the physical and mental condition of the patient as indicated by medical officers.

10. In carrying out the educational services program in hospitals, the educational services officer should, whenever possible, make use of available skilled patient personnel for teaching and tutoring in any subject. Use, likewise, should be made of Red Cross volunteers, volunteers from outside groups and agencies, local schools and the like.

11. The educational services officer should integrate his efforts in the rehabilitation program with the appropriate civilian and military agencies represented in naval hospitals, and he should take such steps as are necessary to secure cooperation with these agencies. He should at all times refrain from assuming functions already assigned to other agencies, or functions which do not properly relate to the work of educational services officers.

12. Materials procured by the Bureau of Naval Personnel for use in the educational services section will be provided for the educational services program in naval hospitals. The securing of training courses and special devices such as stereoscopic range estimators, and individual wiring boards is indicated in paragraph 8. Requests for materials other than those generally provided for the educational services program should be accompanied by a statement of justification. Such requests will be filled whenever possible.

13. It is requested that medical officers in command be informed of these services which educational services officers are prepared to render under their command.—*J. L. Holloway, Jr., Captain, USN, Director of Training.*

44-217—Gonorrhea and Chancroid, Sulfonamide Prophylaxis

P3-1/P3-2 (104); 30 Oct. 1944

To: All ships and stations

1. The sulfonamides have proved a valuable adjunct to the routine prophylactic procedures used in the prevention of certain venereal diseases. BuMed therefore authorizes with the following provisions the use of sulfa-

thiazole and sulfadiazine as oral prophylaxis against gonorrhea and chancroid:

(a) Such use shall be restricted to those ships and stations where the venereal disease rates exceed 49.0 per thousand per year.

(b) Only sulfathiazole or sulfadiazine shall be used.

(c) The dose of the drug shall be two grams by mouth as soon after exposure as possible. No variation in this dosage is authorized.

(d) This method of prophylaxis is limited to postexposure use only.

(e) The administration of the sulfonamides shall be by Medical Department personnel.

(f) Due regard shall be given to the possibility of sulfonamide sensitivity, idiosyncasy, and resistance. Frequency of administration of this type of prophylaxis to any given individual shall be controlled by the medical officer.

(g) This type of prophylaxis shall not be utilized in the case of personnel actually engaged in flying.

2. Adoption of this sulfonamide program shall be at the discretion of the medical officer and shall be considered only supplementary to the routine prophylactic procedures. Attention is invited to the fact that sulfonamides give no protection against syphilis. This sulfonamide program shall not be instituted among those personnel who are receiving sulfonamides for the control of upper respiratory diseases.

3. Reports shall be submitted in letter form to BuMed covering every thousand sulfonamide prophylactic administrations and shall contain the number of cases of gonorrhea and chancroid contracted after such prophylaxis.

4. This letter cancels and supersedes all previous letters relative to sulfonamide prophylaxis against gonorrhea and chancroid.—*Ross T McIntire.*

JOINT LETTER: BUMED—BUPERS—MARCORPS

44-218—Pension Claims and Medical Records of Enlisted Men Discharged From the Naval Service by Reason of Physical Disability

P3-5/P19-1 (034-42); 30 Oct. 1944

To: AlNavStas and MarCorps Activities (Continental)

Ref.: (a) Public Law 681, 77th Congress, approved 28 Jul. 1942.

(b) BuMed Ltr. P3-5/P19-1 (034), 27 Apr. 1943.

(c) Public Law 346, 78th Congress (Servicemen's Readjustment Act of 1944).

(d) Alnav 132, 14 Jul. 1944.

Encl.: A. (HW) List of Veterans' Administration area offices.

1. According to information received from the Veterans' Administration a considerable number of the men discharged from the service at naval training centers, Marine Corps bases, and at other of the larger shore stations where Boards of Medical Survey are convened, submit applications for pension. These pensions claims are submitted after the men have been discharged from the service, and, consequently, it is necessary for the Veterans' Administration to call upon the Bureau of Medicine and Surgery for the information required relative to their medical records to adjudicate

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their claims. This procedure involves considerable delay in acting on the pension claims and has led to some criticism.

2. Following receipt of this letter, when a person is discharged from the service by reason of physical disability and desires to submit an application for a pension, the following records shall be prepared immediately and forwarded to the nearest Veterans' Administration area office. (See encl. A.)

- (a) Application for pension (Veterans' Administration Form 526).
- (b) A complete typewritten or photostatic copy of the health record.
- (c) A copy of the report of the Board of Medical Survey (NavMed M).
- (d) A statement showing the character (type) of discharge issued, whether honorable, under honorable conditions or otherwise.

This procedure has been in effect at the naval hospitals since April 1943 and has worked out very satisfactorily and resulted in expedited action on pension claims (reference (b)).

3. The records listed in paragraph 2 should be accompanied by a letter of transmittal listing the enclosures and a copy of the letter attached to the terminated health record and forwarded to the Bureau of Medicine and Surgery. These instructions apply to all persons discharged from the service upon the recommendation of Boards of Medical Survey who desire to submit claims for pensions regardless of the line of duty origin of their disabilities.

4. In this connection, attention is invited to section 104 of Public Law 346, 78th Congress, approved 22 Jun 1944 and quoted in reference (d), which directs that:

No person shall be discharged or released from active duty in the armed forces until his certificate of discharge or release from active duty and final pay, or a substantial portion thereof, are ready for delivery to him or to his next of kin or legal representative; and no person shall be discharged or released from active service on account of disability until and unless he has executed a claim for compensation, pension, or hospitalization, to be filed with the Veterans' Administration or has signed a statement that he has had explained to him the right to file such claim: *Provided*, That this section shall not preclude immediate transfer to a veterans' facility for necessary hospital care, nor preclude the discharge of any person who refuses to sign such claim or statement: *And provided further*, That refusal or failure to file a claim shall be without prejudice to any right the veteran may subsequently assert.

5. It is particularly important that no person be discharged from the naval service by reason of physical disability until after he has had explained to him his right to file a claim for compensation, pension or hospitalization. Commanding officers shall cooperate with Veterans' Administration officials and accredited representatives of veterans' organizations assigned to Navy and Marine Corps activities in accordance with the provisions of sections 103 and 200 of the Servicemen's Readjustment Act of 1944 for the purpose of giving aid and advice to persons about to be discharged from the naval service upon the recommendation of Boards of Medical Survey, in order that the provisions of the law may be fully complied with and action on pension claims expedited.

6. In those cases where the individual does not desire to submit a claim

for compensation or pension he should be *requested* to sign a statement as follows:

I have been told that I am to be discharged from the naval service by reason of physical disability and have been advised of my right to file a claim with the Veterans' Administration for compensation, pension or hospitalization. I have decided not to submit a claim for any of these benefits at this time. I understand that my failure to file a claim at this time does not prejudice my right to submit a claim in the future.

7. This statement does not constitute a waiver of any rights and should not be referred to as a waiver. The signed statement should be attached to and forwarded to the Bureau of Medicine and Surgery with the terminated health record for filing. If at a later date the veteran decided to submit a claim for benefits the statement will be forwarded to the Veterans' Administration with a copy of his medical record.

8. If a veteran who has been discharged from the service by reason of physical disability does not desire to submit a claim for compensation, pension, or hospitalization and refuses to sign the statement referred to in paragraph 4, the unsigned statement shall be forwarded to the bureau with a notation to that effect.

9. If the discharged veteran executes a power of attorney (V. A. Form P-22), it should accompany the other records listed in paragraph 2 of this letter to the Veterans' Administration area offices.

10. Reference (a) provides that any member of the naval reserve, or any person inducted into the naval forces who has completed a period of active duty may, upon his written request be given a copy of his medical record provided that it does not contain any reference to mental or other conditions which might be injurious to his physical or mental health. In view of this proviso, and the fact that medical records may contain other information of a private and confidential nature which should not be released, any individual who is released from active duty or discharged from the naval service and desires a statement or a transcript of his medical record should be instructed to submit his request in writing to the Bureau of Medicine and Surgery.—A. A. Vandergrift, Randall Jacobs, and Ross T McIntire.

Army Service Command areas

No. I.—Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island.

No. II.—New York, New Jersey, Delaware.

No. III.—District of Columbia, Maryland, Pennsylvania, Virginia.

No. IV.—Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, Tennessee.

No. V.—Indiana, Ohio, Kentucky, West Virginia.

Veterans' Administration Branch Office:

Veterans' Administration Area Office
No. 1, 17 Court Street, Boston 8,
Mass.

Veterans' Administration Area Office
No. 2, 120 Wall Street, New York 5,
N. Y.

Veterans' Administration Area Office
No. 3, 10 North Calvert Street,
Baltimore 2, Md.

Veterans' Administration Area Office
No. 4, 20 Houston Street Northeast,
Atlanta 3, Ga.

Veterans' Administration Area Office
No. 5, 8 East Chestnut Street, Columbus 15, Ohio.

Army Service Command areas

No. VI.—Illinois, Wisconsin, Michigan.

No. VII.—North Dakota, South Dakota, Wyoming, Colorado, Nebraska, Kansas, Minnesota, Iowa, Missouri.

No. VIII.—New Mexico, Texas, Oklahoma, Arkansas, Louisiana.

No. IX.—Washington, Oregon, Idaho, Nevada, Montana, California, Utah, Arizona.

Veterans' Administration Branch Office

Veterans' Administration Area Office
No. 6, United States Custom House,
Chicago 7, Ill.

Veterans' Administration Area Office
No. 7, Old United States Custom
House, St. Louis 1, Mo.

Veterans' Administration Area Office
No. 8, 1000 Main Street, Dallas 2,
Tex.

Veterans' Administration Area Office
No. 9, 140 Montgomery Street, San
Francisco 4, Calif.

44-222—Marine Corps Officers in Educational Services Program in Naval Hospitals

A3-1/P11-1 (021-43); 2 Nov. 1944

To: NavHosp (All Types Continental)

Ref.: (a) BuMed ltr., A3-1/P11-1(021-43), 27 Oct. 1944.

Encl.: A. (HW) BuPers Memo Pers-414-VM, 7 Oct. 1944.

1. Enclosure A is forwarded for information and guidance.
2. Marine officers assigned to naval hospitals fill numbers in billets established for educational services officers.
3. Attention is invited to reference (a) in which the duties of educational services officers are set forth.—*Ross T McIntire*.

Enclosure A

Pers-414-VM; 7 Oct. 1944

MEMORANDUM

To: Bureau of Medicine and Surgery.

Attn.: Director, Rehabilitation Program.

Via: The Commandant, United States Marine Corps.

Subj.: Marine Officers in Educational Services Program in Naval Hospitals.

Ref.: (a) Memo 22 June 1944 to Commandant, USMC.
(b) Memo 19 Sept. 1944 to Rehabilitation Division, BuMed.

1. In accordance with reference (a), the Marine Corps is selecting 21 qualified officers to carry on educational services activities in naval hospitals as part of the rehabilitation program of BuMed. These officers will be assigned to naval hospitals where there are sufficient Marines to justify such assignment. They will be attached to the Marine detachment in the naval hospital or, in cases where no Marine detachment is stationed at the hospital, to the nearest marine barracks for administrative purposes only.

Insofar as practicable, the qualifications of these officers will be the same as those of educational services officers already assigned by the Navy.

2. These officers, reporting to the Bureau of Naval Personnel in groups of seven on Sept. 1st, Oct. 1st, and Nov. 1st for temporary duty under instruction, will attend a three weeks orientation class set up and conducted by this bureau. Following that, they will be given additional orientation for several days at the Marine Corps Institute prior to their assignment in naval hospitals. Those Marine officers who will inaugurate educational services programs in naval hospitals will be given a 2 weeks' apprenticeship training period in an already established program.

3. After consultation with the Marine Corps technical liaison officer on the rehabilitation of casualties, and upon recommendation of BuMed, this bureau will designate the naval hospitals to which these Marine officers will be assigned.

4. The senior Navy line educational services officer shall be in charge of the educational services program in naval hospitals except in those hospitals where only Marine officers are assigned to carry on the educational services program, in which case the senior Marine officer shall be in charge. Only Marine officers will be assigned to naval hospitals where all patients are Marines.

5. The duties of Marine officers assigned to educational services in naval hospitals shall be the same as those outlined in reference (a). They shall have as their particular responsibility the development of a program which meets the special educational problems of Marine personnel. The activities of all educational services officers shall, however, be so directed as to develop the most effective unified program for all personnel in the hospital.

6. The bimonthly reports on the educational services program submitted to the Bureau of Naval Personnel will include a separate section on educational services activities carried on with all Marines in the hospital. Copies of these reports will be forwarded to the Marine Corps technical liaison officer on the rehabilitation of casualties.

7. It is requested that medical officers in command be informed of the assignment of Marines as educational services officers in the rehabilitation program in naval hospitals and of their duties.—*J. L. Holloway, Jr.*

44-227—American Red Cross 16-mm Ward Motion Picture Program

A16-1/P3(102-40); 10 Nov. 1944

To: NDs and NavHosp (All types Continental)

1. The American Red Cross has offered and the Bureau of Naval Personnel and this bureau have accepted a proposed program of 16-mm. ward motion picture service for naval hospitals and large naval dispensaries.

2. The program for this motion picture service is set forth in the proposal of the American Red Cross as follows:

(a) *Scope of service.*—The program will be installed in hospitals or station dispensaries where the Red Cross maintains a resident staff and only upon request and with approval of the commanding officer of the hospital or station. Viewing of films will be restricted to patients and such other naval personnel as is required for their care during attendance at the shows.

(b) *Procurement and booking of films.*—Cost of film service to be borne by the American Red Cross. Bookings to be made by National Head-

quarters of American Red Cross and supplied through 16-mm distributors' exchanges nearest the hospital.

(c) *Operating personnel*.—Operation to be under supervision of the American Red Cross field director with the necessary projectionists to be enlisted men detailed for this purpose in addition to their regular duties; and to be given extra compensation at the rate of 50 cents per show, payable from American Red Cross funds at the disposal of the Red Cross representative in charge of Red Cross activities at the hospital concerned.

(d) *Procurement and maintenance of equipment*.—American Red Cross will provide its own 16-mm. sound portable motion picture projection equipment to those hospitals or dispensaries which do not have available such equipment furnished by the Navy and will provide necessary supplies and replacement parts to maintain the Red Cross equipment.

(e) *Servicing of equipment*.—Equipment provided by the Red Cross will be serviced by Red Cross motion picture engineers.

3. Accordingly, medical officers in command of naval hospitals and naval special hospitals are authorized to make request, directly to the national director, military and naval welfare service, national headquarters, American Red Cross, Washington, D. C., for this service. Commandants of naval districts are requested to authorize similar requests to American Red Cross national headquarters from commanding officers of naval activities which include large naval dispensaries where this ward motion picture service would be appropriate.—*Ross T McIntire*.

44-228—Reimbursement Covering Hospitalization of Navy Personnel in Public Health Service (Marine) Hospitals and Coast Guard Personnel in Navy Hospitals, Suspension of

ET14/A3-1 (081-40); 8 Nov. 1944

To: All ships and stations

Ref.: (a) BuMed circ. ltr. 23 Jul. 1943.
(b) BuMed circ. ltr. 17 Feb. 1944.

1. Public Law 373, 78th Congress, making appropriations for the maintenance and operation of Public Health Service (Marine) hospitals, etc., for the fiscal year 1945, contains the following provisions:

This appropriation shall be available for the expenses incurred in furnishing medical and hospital treatment, including dental care, to active duty personnel of the Navy and Marine Corps, and the appropriation under this head for the fiscal year 1944 shall be considered as having been available for such expenses from 1 Jan. 1944.

2. Pursuant to the authority contained therein an agreement has been entered into with the Public Health Service, similar to the one in effect with the Army (reference (a)), whereby Navy and Marine Corps personnel and Coast Guard personnel will be provided treatment by the respective medical departments of the Navy and Public Health Service without reimbursement, on a reciprocal basis, retroactive to 1 Jan. 1944. This agreement applies to Public Health Service (Marine) hospitals and other established medical relief facilities of the Public Health Service, but does not include services rendered through the medium of private or contract facilities of that service. The personnel covered by the agreement includes ac-

tive-duty personnel of the Navy and Marine Corps, of the commissioned corps of the Public Health Service, and of the Coast Guard.

3. Officer personnel of the several services will be required to defray personally the cost of subsistence when hospitalized in a hospital or through a Medical Department unit of the other service, except private or contract facilities of the Public Health Service, which will continue to bill this bureau direct for hospitalization of Navy patients. Instructions regarding rate, collection, and disposition of charges for subsistence as outlined in paragraph 5 of reference (a) shall be carried out.

4. During the existence of this agreement and until further notice, NavMed U reports of hospitalization in Public Health Service (Marine) hospitals will not be required, nor will there be required the other detailed reports heretofore submitted for the purpose of accomplishing reimbursement of the funds of the respective departments. The reports other than financial required by the Coast Guard are specified in reference (b).

5. The Public Health Service facilities will notify the duty stations of the individual Navy or Marine Corps patients admitted for treatment, giving diagnosis, dates of admission and discharge, and on discharge copy of the clinical history of the case. The duty station of such individual shall see that his health record is maintained and disposed of in accordance with the instructions of paragraph 228.1, Manual of the Medical Department.—*Ross T McIntire.*

44-229—Bureau of Medicine and Surgery Publications, Blank Forms, and Circular Letters Furnished to Naval Vessels—Information Concerning

A10-3/FS (111); 11 Nov. 1944

To: All ships and stations

1. Requests from naval vessels undergoing construction or conversion for publications furnished by the Bureau of Medicine and Surgery have reached a large volume. As many as four requests have been received for publications for the same vessel, all prior to commissioning: one from the fitting-out activity, one from the commissioning detail, one from the senior officer of the crew detail, and one from the prospective commanding officer. All of these requests require an answer. The following information is furnished in the hope that a reduction of paper work will result with the elimination of these unnecessary requests:

(a) At present a Manual of the Medical Department, USN; one or more copies of the Handbook of the Hospital Corps, USN; medical books (number determined by complement); and an adequate supply of NavMed blank forms are included in the medical commissioning outfit for vessels to which a standard 50 complement medical commissioning outfit, or larger, is issued.

(b) Beginning this date a Manual of the Medical Department, USN, and one copy of the Handbook of the Hospital Corps, USN, will be included in the medical commissioning outfit issued to PCS's, SC's, YMS's, and LCI(L)'s.

(c) BuMed circular letters to all ships and stations in effect on 31 Dec. 1943 were printed in the Navy Department Bulletin Cumulative Edition. This publication is furnished without request by the Publications Division, Administrative Office, Navy Department, to vessels when they are placed on the

Standard Navy Distribution List. Subsequent BuMed circular letters are to be found in the semimonthly issues of the Navy Department Bulletin furnished all activities on the Standard Navy Distribution List.

(d) District and yard craft do not require BuMed publications or NavMed blank forms. For Medical Department purposes such craft will be included in the reports of the Medical Department activity at the district, yard, base, or tender to which attached.

(e) It is not necessary to request that a vessel be placed on BuMed's mailing list. Any publication, pamphlet, or letter, other than those listed above, considered pertinent to the Medical Department on board is mailed to all vessels listed in part I of the Standard Navy Distribution List.

2. In view of the above, individual copies of BuMed publications and circular letters will no longer be furnished to commanding officers, prospective commanding officers, or officers in charge of naval vessels.

3. Vessels in commission, not having a Manual of the Medical Department, USN, or a Handbook of the Hospital Corps, USN, on board may request one by submitting NavMed 4 to Naval Medical Supply Depot, Brooklyn 1, N. Y., or Oakland 4, Calif., making reference to this letter and stating that copies have not been received.

4. Commanding officers of commissioning details are requested to make the contents of this letter available to prospective commanding officers in their respective areas.—*Ross T McIntire.*

44-230—Coast Guard Personnel—Transfer to Naval Hospitals for Rehabilitation Program

P4-4/P3-2(081-43); 15 Nov. 1944

To: NavHosp (all types Continental)

Ref.: (a) MMD paragraph 4147, 4148.

(b) BuMed Cir. ltr., P4-4/P8-2(081), 12 Apr. 1944.

1. A directive based upon reference (b) issued by the Commandant, United States Coast Guard, to all district Coast Guard officers in regard to the rehabilitation program as presently in effect is quoted in part below for your information and appropriate action:

In order that this rehabilitation program of the Medical Department of the Navy may be utilized by personnel of the Coast Guard to the fullest extent, it is directed that all personnel serving afloat when in need of hospitalization be referred to a naval hospital for treatment, notwithstanding the fact that there may be a Marine hospital in the same port. All personnel now serving ashore suffering from combat fatigue, war fatigue, etc., and those in Marine hospitals with the same conditions, will, when in need of further hospitalization, be referred to naval hospitals for treatment in the future.

2. Current directives regarding transfer of patients under treatment for conditions such as rheumatic fever, blindness, deafness, and amputations to designated hospitals shall apply to Coast Guard personnel admitted to naval hospitals in accordance with the foregoing.

3. Attention is invited to reference (a).—*Ross T McIntire.*

44-231—Labor Board Facilities to Serve Patients About To Be Discharged From the Service and/or to Process Civil Service Personnel Actions for Local Civilian Employees; Establishment of

LL/EN10 (11); 15 Nov. 1944

To: NavHosp (all types Continental)

PART I—PURPOSE

1. The purpose of this letter is to outline the policy of the Bureau of Medicine and Surgery in regard to (1) providing Civil Service information and facilities to patients about to be discharged from the service so that such persons may have an opportunity to apply for employment in the Federal Government, and (2) the establishment of "branch labor board offices" at hospitals to expedite the employment and processing of civilian employees in those hospitals where such delegation of authority is deemed advisable.

PART II—POLICY

2. The policy of the Bureau of Medicine and Surgery is to cooperate with the United States Civil Service Commission and the Navy Department in (1) supplying Civil Service information and materials to patients about to be discharged from the service so that such persons may have an opportunity to apply for employment in the Federal Government and be apprised of their "veterans preference" in the Federal service, and (2) decentralizing Civil Service authority to the hospitals through the establishment of "branch labor board offices" where such delegation of authority will facilitate the employment and administration of civilian personnel of the hospital.

PART III—DEFINITIONS

3. For the purpose of this letter the following definitions govern:

(a) *Patients*.—Officer and enlisted personnel who are about to be discharged or retired at the hospital from the service. Patients to be discharged from the service will hereafter be referred to as "patients."

(b) *Representative of Labor Board*.—One or more persons (depending upon work load) stationed at the hospitals who are authorized to perform on a part-time or full-time basis the Civil Service functions for "patients."

(c) *"Branch Labor Board Offices."*—One or more persons stationed at the hospitals on a part-time or full-time basis who are authorized to administer the Civil Service rules and regulations for civilian employees of the hospital as agreed between the regional director of the Civil Service Commission, the parent labor board and the medical officer in command.

(d) *Parent Labor Board*.—The central labor board to which the "representative" or "branch labor board office" is responsible and to which it reports on labor board problems for administrative and coordinating purposes.

(e) *Civilian Employees*.—IV (b) and "other than IV (b)" employees at the hospital for whose employment the regional director of the Civil Service Commission has delegated authority to the "branch labor board office."

(f) *"Regional Directors of the Civil Service Commission."*—The director, or his authorized representative, of the Civil Service region in which the hospital is located.

PART IV—PLAN OF ADMINISTRATION

4. All naval hospitals and naval special hospitals will provide "patients" with Civil Service information and materials as outlined in part VI below. Certain hospitals will be authorized to serve both civilian employees of the hospital and "patients" to be discharged from the service. In these hospitals

"branch labor boards" will be established. In other hospitals "representative of labor boards" will be stationed to serve "patients" only.

PART V—RESPONSIBILITIES OF MEDICAL OFFICER IN COMMAND

5. Medical officer in command of naval hospitals and naval special hospitals will:

- (a) Cooperate and work with the regional directors of the Civil Service Commission and the parent labor boards in establishing "representatives of labor boards" or "branch labor board offices" at the hospitals.
- (b) Provide suitable accommodations, office furnishings and supplies.
- (c) Confer with the regional director of the Civil Service Commission on the selection of qualified personnel to serve as "representative of labor boards" or members of the "branch labor board office." (Selection should be made, if possible, from employees normally performing personnel duties. So far as possible, this additional work will be performed with currently available personnel and within the existing personnel authorization. However, if qualified personnel is not available, within the personnel office of the hospital, or the work load is sufficiently large to warrant additional personnel, arrangements should be made with the regional director of the Civil Service Commission for assistance in securing a qualified person for the activity. Such employees will be carried on the pay roll of the hospital, and charged to the appropriation, Medical Department, Navy.)
- (d) Cooperate with the regional director of the Civil Service Commission and the parent labor board to insure adequate training of a "representative of the labor board" or members of the "branch labor board office."
- (e) Devise a procedure whereby all "patients" will be notified of this program and have an opportunity to interview the representative of "branch labor board office" prior to discharge.

PART VI—PROGRAM FOR "PATIENTS"

6. *The problem.*—By acts of Congress, veterans are entitled to distinctive and definite "veterans preference" in Federal employment. Many men and women now in the armed forces are not familiar with existing vacancies in the Federal service, methods of making application and taking examinations, or the "veterans preference" to which they are entitled. Many "patients" are interested in employment at points far removed from the hospital from which they are being discharged. Only a fully informed and authorized representative of the Commission is qualified to administer Civil Service functions and supply on the spot authentic information concerning Federal employment. A referral of an interested "patient" to some distant representative or office of the Commission, does not fulfill the intent or spirit of the veteran's program of the Commission, nor does it offer a veteran, particularly a disabled veteran, the service to which he is entitled. It is the purpose of this program to provide information and material concerning veterans preference in Federal employment and assistance in making application for open examinations and existing vacancies.

7. *Functions to be rendered "patients".*—The "representative of the labor board" or the "branch labor board office," as the case may be, will:

- (a) Receive and maintain current announcements of Civil Service examinations and information concerning employment opportunities, which are distributed by the central office and the 13 Civil Service regional offices of the

Commission; and with this information, inform all interested "patients" of their "veterans preference" in the Federal service.

(b) Instruct all interested "patients" in the methods and procedures of making application for Civil Service examinations.

(c) Provide interested "patients" with appropriate application forms and offer assistance in forwarding these applications to appropriate authorities.

(d) Offer as much authentic information as possible concerning Federal employment and the rules and regulations pertaining thereto.

PART VII—PROGRAM FOR CIVILIAN EMPLOYEES OF HOSPITALS

8. *The problem.*—A number of naval hospitals and naval special hospitals are located at considerable distance from parent labor boards and/or Civil Service representatives. Applicants desiring employment at many hospitals are now forced to make application and receive approval from two or more of the following agencies—the hospital, the parent labor board, the Civil Service Commission, the War Manpower Commission. For those hospitals located at considerable distance from the parent labor board, and where a fairly large civilian staff must be recruited, appointed and processed, there is considerable loss in personnel, time, and effective recruitment because of the delay in obtaining labor board and Civil Service approval. To expedite personnel actions, many hospitals have been forced to obtain Civil Service and labor board clearances by phone, letter or telegram, rather than refer the individual applicant in person to the several distant points. Although such arrangements and procedures represent the only practical means of meeting present conditions, there is still considerable delay and paper work in the recruitment of eligible employees. To help improve this situation, the Civil Service Commission and the Navy Department have approved the establishment of "branch labor board offices" in those hospitals where the establishment of such boards will better meet the needs and more effectively administer the provisions and intent of the Civil Service system. (See list of hospitals for which "branch labor board offices" have been approved by the Civil Service Commission and Navy Department—Part IX below.)

9. *Functions to be rendered by "branch labor board offices".*—(a) Render all functions for "patients" as outlined in paragraph 7 above.

(b) Maintain liaison with the parent labor board, the Civil Service Commission, and where necessary, the War Manpower Commission to facilitate recruitment and fully utilize the services which may be rendered by these agencies.

(c) Recruit, assign, and approve appointment of applicants and perform such other Civil Service and labor board functions for the civilian employees of the hospital as agreed upon between the regional director of the Civil Service Commission, the parent labor board and the medical officer in command.

(In most cases the "branch labor board office" will be given Civil Service authority over IV (b) employees as well as "other than IV (b)" employees, subject to any reservations made by the regional director of the Civil Service Commission.)

PART VIII—HOSPITALS FOR WHICH "REPRESENTATIVES OF LABOR BOARDS" WILL BE STATIONED TO SERVE "PATIENTS" ONLY

10. (If, for any reason the medical officer in command wishes to establish a "branch labor board office" to serve civilian employees also, a request should be made to the Bureau which will consider presenting the request to the Civil Service Commission and Navy Department for approval.)

<i>Name of hospital</i>	<i>Name and address of parent labor board to which representative would report</i>
Annapolis, Md.	Labor Board, Severn River Naval Command, Annapolis, Md.
Bainbridge, Md.	Labor Board, Naval Training Center, Bainbridge, Md.
Brooklyn, N. Y.	Labor Board, Navy Yard, Brooklyn, N. Y.
Bremerton, Wash.	Labor Board, Puget Sound Navy Yard, Bremerton, Wash.
Charleston, S. C.	Labor Board, Navy Yard, Charleston, S. C.
Chelsea, Mass.	Parent Labor Board, Navy Yard, Boston, Mass.
Corpus Christi, Tex.	Labor Board, United States Naval Air Training Base, Corpus Christi, Tex.
Farragut, Idaho	Labor Board, Naval Training Center, Farragut, Idaho.
Harriman, N. Y.	Labor Board, Navy Yard, New York, N. Y.
Glenwood Springs, Colo.	Labor Board, Naval Supply Depot, Clearfield, Utah.
Great Lakes, Ill.	Labor Board, United States Naval Training Center, Great Lakes, Ill.
Jacksonville, Fla.	Labor Board, Naval Air Station, Jacksonville, Fla.
Key West, Fla.	Labor Board, Naval Operating Base, Key West, Fla.
Long Beach, Calif.	Navy Labor Board, 330 East Broadway, Long Beach 2, Calif.
Mare Island, Calif.	Labor Board, Navy Yard, Mare Island, Calif.
Memphis, Tenn.	Labor Board, United States Naval Technical Training Center, Memphis, Tenn.
Camp Lejeune, N. C.	Labor Board, Camp Lejeune, N. C.
Newport, R. I.	Labor Board, Navy Building, Mill Street, Newport, R. I.
NOB, Norfolk, Va.	Labor Board, Naval Operating Base, Norfolk, Va.
Norman, Okla.	Labor Board, Naval Air Technical Training Center, Norman, Okla.
Oakland, Calif.	Labor Board, Twelfth Naval District, Oakland, Calif.
Parris Island, S. C.	Labor Board, Marine Barracks, Parris Island, S. C.
Pensacola, Fla.	Labor Board, United States Naval Training Center, Pensacola, Fla.
Philadelphia, Pa.	Labor Board, United States Navy Yard, Philadelphia, Pa.
Portsmouth, N. H.	Labor Board, Portsmouth, N. H.
Portsmouth, Va.	Labor Board, Norfolk Navy Yard, Portsmouth, Va.
Quantico, Va.	Labor Board, Marine Barracks, Quantico, Va.
Sampson, N. Y.	Labor Board, Naval Training Center, Sampson, N. Y.
Santa Cruz, Calif.	Labor Board, Naval Air Station, Alameda, Calif.

<i>Name of hospital—Continued</i>	<i>Name and address of parent labor board to which representative would report—Continued</i>
Seagate, Brooklyn, N. Y.	Labor Board, New York Navy Yard, Brooklyn, N. Y.
Treasure Island, Calif.	Labor Board, United States Naval Air Station, Alameda, Calif.

PART IX—HOSPITALS FOR WHICH “BRANCH LABOR BOARD OFFICES” WILL BE ESTABLISHED TO SERVE BOTH CIVILIAN EMPLOYEES AND “PATIENTS”

11. (If for any reason, the medical officer in command should not desire a “branch labor board office” in the hospital authorized to process personnel actions for civilian employees, a request should be submitted to the bureau to station a “representative of a labor board,” rather than a “branch labor board office” with authority to serve “patients” only.)

<i>Name of hospital</i>	<i>Name and address of parent labor board to which representative would report</i>
Arrowhead Springs, San Bernardino, Calif.	United States Labor Board, 330 East Broadway, Long Beach, Calif.
Asheville, N. C.	Labor Board, Navy Yard, Charleston, S. C.
Astoria, Oreg.	Branch Labor Board, United States Naval Air Station, Astoria, Oreg.
Banning, Calif.	Labor Board, Eleventh Naval District, San Diego, Calif.
Bethesda, Md.	Labor Board, Navy Yard, Washington, D. C.
Beaumont, Calif.	Labor Board, Eleventh Naval District, San Diego, Calif.
Camp Adair, Corvallis, Oreg.	Labor Board, Tillamook, Oreg.
Corona, Calif.	Labor Board, Eleventh Naval District, San Diego, Calif.
Dublin, Ga.	Labor Board, Charleston Navy Yard, Charleston, S. C.
Fort Eustis, Va.	Labor Board, NOB, Norfolk, Va.
Houston, Tex.	Labor Board, Camp Wallace, Tex.
New Orleans, La.	Labor Board, United States Naval Air Training Base, Corpus Christi, Tex.
San Diego, Calif.	Labor Board, Eleventh Naval District, San Diego, Calif.
San Leandro, Calif.	Labor Board, Naval Air Station, Alameda, Calif.
Santa Margarita, Oceanside, Calif.	Labor Board, Eleventh Naval District, San Diego, Calif.
Seattle, Wash.	Labor Board, United States Naval Air Station, Sand Point, Wash.
Shoemaker, Calif.	Labor Board, Naval Air Station, Alameda, Calif.
Springfield, Mass.	Labor Board, Navy Yard, Boston, Mass.
St. Albans, N. Y.	Labor Board, Navy Yard, Sands Street Gate, New York, N. Y.
Sun Valley, Idaho.	Labor Board, Pocatello, Idaho.
Yosemite National Park, Calif.	Labor Board, Twelfth Naval District, Alameda, Calif.

—Ross T McIntire.

44-237—Records of Leasehold Property; Additions and Alterations Thereto*L10-5/NH(082-39); 18 Nov. 1944*

To: NavHosp and NavSpHosp

Refs.: (a) BuMed ltr. L10-5/NH(082), 25 Aug. 1941.
(b) Article 681-1, BuSandA Memo.

1. In order that the Government's interest may be protected in connection with property held under leasehold arrangements, it is essential that a complete inventory of all property acquired under the lease be maintained, separate from all other records. Items installed by the Navy at the time of acquisition or subsequently procured and installed by the Navy shall not be included in this leasehold inventory record, even though such property may, by the agreement, revert to the lessor, either in its present condition or in a restored condition.

2. A separate record in the following form shall be maintained of all expenditures for construction, installation, major alterations, repairs, replacements and other improvements to the leased property which were accomplished by the Navy. The items to be included in this special record are those which would, at naval hospitals, normally be charged to general ledger account 2 or general ledger account 13 and expense analysis account E-308.

Record of Installations, Construction, Major Alterations, and Other Improvement

Column 1.—Date.

Column 2.—Authority: (BuMed work request number if performed as a charge to the appropriation, Medical Department, Navy; NOy contract number if charged to BuDocks appropriations; other authorization, state and indicate bureau).

Column 3.—Detailed description of work accomplished.

Column 4.—If charged to appropriation, Medical Department, Navy, indicate object and subhead, quarter, fiscal year, in which the value was reflected on NavMed B. If charged to appropriations other than Medical Department, Navy, indicate transfer voucher received number and quarter, and fiscal year in which taken up.

Column 5.—Amounts taken up; show separately and distinctly amounts charged to the appropriation Medical Department, Navy, (column 5 (a)) and amounts charged to other appropriations, (column 5 (b)).

Column 6.—Deductions: Indicate approved survey number or transfer voucher issued number and quarter in which reflected.

Column 7.—Amount of surveys or transfer vouchers issued.

Column 8.—Net balance after each entry.

3. A land and buildings ledger shall be maintained, in accordance with instructions contained in reference (a), by those activities located on leased property for only those items of buildings, structures, and fixed equipment actually owned by the Navy and which will remain Navy property upon termination of the lease. Lands, buildings and other items shall not be recorded in the land and buildings ledger.

4. A separate "plant record on leased land" is required to be maintained in accordance with procedure prescribed in reference (b).—*L. Sheldon, Jr.*

44-240—Photocopying Equipment for Medical Records

P3-5/P19-1(034-42); 20 Nov. 1944

To: NavHospitals (all types continental)

Ref.: (a) BuMed ltr. P3-5/P19-1(034-42), 12 Aug. 1944.

1. Reference is hereby modified so that hospitals with an average monthly workload of less than 75 pension claims may also requisition photocopying equipment and accessories as outlined in encl A of reference.—*Ross T. McIntire.*

44-242—American Red Cross Participation in the Conduct of Special Studies on Naval Personnel—Requests for

P3-1/P19-1(123-40); 28 Nov. 1944

To: AiNavStas (Continental)

1. Attention is invited to the fact that the American Red Cross facilities have been heavily taxed by requests from medical officers to cooperate in obtaining social service data. While the Red Cross desires to aid in procuring data for such studies as are considered significant, it cannot undertake to comply with all of these requests.

2. It is directed that all medical officers who desire to obtain Red Cross participation in projects concerned with research, follow-up, or other special studies, shall first submit request for approval to BuMed. If this bureau determines information so obtained is definitely indicated, the request will be endorsed, and forwarded to the Red Cross to determine whether the study is one which is appropriate for its participation. If approved, authority to assist in this work will be granted by the American Red Cross to its cognizant hospital workers and chapters.

3. This directive is not to be construed as limiting in any way requests for Red Cross assistance in obtaining medical-social case data as needed for the individual patient-study.—*Ross T. McIntire.*

44-243—Immunization Requirements in U. S. Navy

P2-5/P14-4(093-42); 25 Nov. 1944

To: AlStasCon

Ref.: (a) BuMed ltr. P2-3/P3-1 (034), 2 May 1944

1. It has come to the attention of the Bureau of Medicine and Surgery that many naval stations are not complying with reference (a) and that large drafts of transient personnel are being received at stations of debarkation in foreign countries with incomplete vaccination records.

2. Such men are inadequately protected and are exposed to unnecessary health risks. In addition, a great deal of lost time to the men and the medical staff is involved and biological supplies are depleted in areas where restocking may be difficult.

3. In view of the above, it is directed that individual Health Records be carefully checked and that the required immunizations be completed prior to embarkation of men for overseas duty.—*Ross T. McIntire.*

44-244—Procedure in Connection With Dental Facilities Projects at Naval Shore Establishments*A1-1/NN; 28 Nov. 1944*To: ND's (*Less 14, 15, 16*).

Attn.: DDO's

- Ref.: (a) Chief of Naval Operations Op-30-13 mgl over HBDC over 804 2925 serial 975230 5 May 1944 with refs. (a) to (h) inclusive.
(b) SecNav directive PM200 CAJ; hje PM1104 1039 to all Naval Activities 4 Nov 1942.
(c) BuMed ltr. N9-2(001) 8 Sept. 1944.
(d) BuDocks ltr NT4-2/N9-2 C-10-3 30 Sept. 1944.

1. The responsibility for determining the essentiality of a project is placed upon the sponsor. Par 1 of reference (a) defines the sponsor as "the cognizant bureau, office of command in the Navy Department." For example the Bureau of Aeronautics would be the sponsor for a dental facility to be located at an air station which falls within its cognizance, whereas the Bureau of Naval Personnel would be the sponsor for a dental facility at a training station which falls within the cognizance of that bureau. A secondary responsibility for determining compliance with directives relative to types of construction and standard allowances, adequacy of the estimate, availability of funds, sufficiency of the design, availability of labor, material, equipment and services, and conformity with directives of the War Production Board will rest with the Bureau of Yards and Docks, in consultation with the sponsor.

2. Dental facility projects may originate in the field, under which circumstance they should be forwarded from the originator to the sponsor via:

- (a) The chain of command to the district commandant.
- (b) The district commandant to BuMed.
- (c) BuMed to the sponsor.

3. In order that the proposed facility be approved each forwarding endorsement should make affirmative findings that the project meets the criteria as outlined in paragraph 3 of reference (b) in so far as the endorser has cognizance, that there is no surplus Army or other federal property which could be converted to the desired purpose even at a loss of some efficiency and should state the number of additional naval personnel if any, which would be required for its operation if approved and constructed.

4. The endorsement of the Bureau of Medicine and Surgery forwarding the correspondence to the sponsor will contain a statement that the project does or does not meet all requirements of current directives relative to the limitations of wartime construction in so far as need for and scope of the facility are concerned. Procedure from this point on will be as indicated in paragraphs 3 and 4 of reference (a).

5. By reference (c), BuMed requested that in all future new construction of prosthetic dental laboratories, the Bureau of Yards and Docks include fixed prosthetic dental laboratory equipment in the collateral equipment to be procured by the latter bureau. By reference (d), BuDocks agreed to the procedure requested in reference (c). Prosthetic dental laboratories are considered as falling within "new construction of prosthetic dental laboratories" in all instances where BuDocks constructs the laboratory regardless of whether it is new construction of a dental facility or the alteration of an existing one.

6. Procedure in connection with recommendation for the construction of dental facilities which originate in the naval district to which you are attached should be in consonance with reference (a) to (d) inclusive.—*Ross T McIntire.*

JOINT LETTER: BuMed.—MarCorps

44-248—Physical Examinations for Officers Assigned to Duty Outside the Continental Limits of the United States.

P2-5/00, 2 Dec. 1944

To: MarCorps Stations.

Ref.: (a) Joint ltr. Mar. Corps and BuMed, 1865-20, DB-311-peb, 26 Aug. 1944.

1. Effective immediately, paragraph 1 (a) of reference (a) is revised to read as follows, and paragraph 1 (c) thereof is canceled:

Officers ordered for duty outside the continental limits will be given a complete physical examination prior to date of detachment, and a flight physical examination will be given to aviators. If the wording of orders is such that there is not sufficient time available to accomplish this physical examination, the commanding officer will endorse the orders to that effect, stating the reason the officer was not physically examined.—*Ross T McIntire and A. A. Vandegrift.*

44-254—Letters Pertaining to Establishment of Labor Board Facilities at Naval Hospitals and Naval Special Hospitals, Continental U. S.; Transmittal of

LL/EN10(111); 13 Dec. 1944

To: NavHosp (all types Continental).

Ref.: (a) BuMed ltr. LL/EN10(111); 15 Nov. 1944.

Encls.: A. Circular ltr. SECP-270; Jrd, 30 Nov. 1944.

B. Civil Service Commission Circular Letter No. 4229, 11 Dec. 1944.

1. Reference (a) is the basic letter providing for the establishment of labor board facilities to serve patients about to be discharged from the service and/or to process Civil Service personnel actions for local civilian employees at naval hospitals and naval special hospitals.

2. Enclosure A is a letter from the division of shore establishments and civilian personnel, Navy Department, to commandants and commanding officers of all naval and Marine Corps activities concerned, approving reference (a) and requesting senior members of labor boards to cooperate with medical officers in command and Civil Service regional directors in the establishment of such labor board facilities.

3. Enclosure B is a circular letter from the United States Civil Service Commission to all regional directors and division chiefs of the Commission outlining the responsibilities of the regional directors of the Commission in putting into effect the program outlined in reference (a).

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4. Medical officers in command should arrange to establish labor board facilities in cooperation with the regional director of the Civil Service Commission and senior members of labor boards as prescribed in reference (a).

5. Medical officers in command shall report to the bureau the date of the establishment of these facilities.—*Ross T McIntire.*

Enclosure A

SECP-270: 30 Nov. 1944

CIRCULAR LETTER

To: Commandants and commanding officers of all naval and Marine Corps activities concerned.

Subj.: Establishment of labor board facilities at naval and special hospitals, continental United States, to serve discharged veterans and local civilian employees.

Refs.: (a) Dept. ltr. SECP-206: 31 Oct. 1944.
(b) BuMed ltr. LL/EN10(111), 15 Nov. 1944.

1. Copy of reference (a) is transmitted herewith to apprise commandants and commanding officers concerned of the department's approval of the recommendation of the Bureau of Medicine and Surgery that labor board facilities be established at certain naval hospitals and naval special hospitals for the purpose of dispensing Civil Service information regarding examinations and employment opportunities to patients about to be discharged from the service. The authorization also permits the establishment of branch labor board offices at specified hospitals to appoint and process local applicants for employment and perform such other Civil Service and labor board functions for the civilian employees of the hospitals as may be agreed upon between the regional director of the Civil Service Commission, the parent labor board and the medical officer in command.

2. Copy of reference (b), which fully explains the purpose, policy, plan of administration and functions to be rendered under the program, is also transmitted herewith.

3. The United States Civil Service Commission has been informed of the inauguration of this program, with the request that regional directors be fully informed in the premises and render such assistance as is appropriate in establishing these facilities and in securing and training qualified personnel.

4. This program is in keeping with the wishes of the President as expressed in his letter 26 Feb. 1944, to the heads of executive departments and agencies which directed the Civil Service Commission to give special emphasis to placing veterans who are available in vacancies in the Federal service; also with SECP-230: DD 8 Mar. 1944, which promulgated the President's letter and requested that close working relationships be established between naval training stations, naval hospitals, and other points from which men are discharged from the Navy for disability.

5. The attention of all concerned is invited to paragraph 2 and 3 of enclosure 1.

6. Commandants and commanding officers having jurisdiction over the parent labor boards are requested to report to the department (SECP-270), the date of the establishment of those facilities, the location of the hospital

and the parent labor board, and whether the facility is a "representative of the labor board" or a "branch labor board office."

[S] E. E. SPRUNG,
Acting Director, Division of SECP.

Enclosure (HW).

1. Copy of reference (a).

Enclosure (1)

SECP-206; 31 Oct. 1944

To : BuMed.

Subj: Establishment of labor board facilities at naval and naval special hospitals, continental United States, to serve discharged veterans and local civilian employees.

Refs.: (a) BuMed ltr. LL/EM10(111), 17 Oct. 1944.
(b) BuMed ltr. LL/EM(111), 28 Oct. 1944.
(c) AstSecNav ltr SCSED-1A-dar, 6 Mar. 1943.

1. The Department approves the recommendation that the Bureau of Medicine and Surgery be authorized to proceed with the establishment of labor board facilities at naval hospitals, as specified in references (a) and (b) and enclosures therewith.

2. The Department is wholly in accord with this program, the primary purpose of which is to provide facilities for dispensing Civil Service information to veterans discharged from naval hospitals so that they may have full opportunity to obtain employment in the Federal service and be apprised of the "veteran's preference" prescribed by law and the rules of the Civil Service Commission. The further purpose of the program, that of establishing branch labor board offices at certain hospitals to appoint and completely process local civilians for employment where the size and location of the hospital and other local conditions warrant, is in accordance with the Department's existing program for the establishment of branch labor board offices set forth in reference (c).

3. Commandants and commanding officers of naval activities where the cognizant labor boards are located are being informed of the total program and requested to have senior members of labor boards cooperate with the medical officers in command and the civil service regional directors concerned in setting up facilities commensurate with the needs and properly training personnel assigned to this work.

4. The Civil Service Commission is being informed of the Department's approval of the program with the request that their regional directors render such assistance as is appropriate in the establishment of the labor board facilities and in securing and training qualified personnel.

[S] E. E. SPRUNG,
Acting Director, Division of SECP.

DISTRIBUTION LIST

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3. Commandant Eleventh Naval District, San Diego, Calif.
4. Commanding Officer, Naval Air Station, Alameda, Calif.
5. Commandant, Navy Yard, Charleston, S. C.
6. Commanding Officer, Naval Air Training Base, Corpus Christi, Tex.
7. Commanding Officer, Naval Operating Base, Norfolk, Va.
8. Commandant, Puget Sound Navy Yard, Bremerton, Wash.
9. Commanding Officer, Naval Ordnance Plant, Pocatello, Idaho.
10. Commanding Officer, Naval Air Technical Training Center, Norman, Okla.
11. Commandant, Twelfth Naval District, Oakland, Calif.
12. Commanding Officer, United States Naval Air Station, Sand Point, Wash.
13. Commandant, Severn River Naval Command, Annapolis, Md.
14. Commanding Officer, Naval Training Center, Bainbridge, Md.
15. Commanding Officer, Naval Training Center, Farragut, Idaho.
16. Commanding Officer, Naval Supply Depot, Clearfield, Utah.
17. Commanding Officer, United States Naval Training Center, Great Lakes, Ill.
18. Commanding Officer, Naval Operating Base, Key West, Fla.
19. Commanding Officer, Naval Air Station, Jacksonville, Fla.
20. Commandant, Navy Yard, Mare Island, Calif.
21. Commanding Officer, United States Naval Technical Training Center, Memphis, Tenn.
22. The Commanding General, Training Command, Fleet Marine Forces, Camp Lejeune, N. C.
23. Commanding Officer, United States Naval Torpedo Station, Newport, R. I.
24. Commanding Officer, United States Naval Air Station, Astoria, Oreg.
25. Commandant, Navy Yard, Washington, D. C.
26. Commanding Officer, United States Naval Air Station, Tillamook, Oreg.
27. Commanding Officer, Naval Training and Distribution Center, Camp Wallace, Tex.
28. Commanding Officer, United States Naval Training Center, Pensacola, Fla.
29. The Commanding General, Marine Barracks, Parris Island, S. C.
30. Commandant, Navy Yard, Philadelphia, Pa.
31. Commandant, Navy Yard, Portsmouth, N. H.
32. Commandant, Navy Yard (Norfolk), Portsmouth, Va.
33. The Commanding General, Marine Barracks, Quantico, Va.
34. Commanding Officer, Naval Training Center, Sampson, N. Y.

Enclosure B

CF: WES; ea, 11 Dec. 1944

CIRCULAR LETTER NO. 4229

(Manual of Instructions)

Subj.: Establishment of branch labor boards and stationing of representatives of labor boards for the purpose of assisting veterans being discharged from naval hospitals to obtain prompt consideration for Federal employment.

REGIONAL DIRECTORS AND DIVISION CHIEFS

1. Purpose of this letter.—

In Circular Letter 4131 you were advised that the Commission was working out a program with the Navy Department for the establishment of boards of examiners at naval hospitals. The purpose of such program is to render the most prompt, effective and direct service in assisting veterans being dis-

charged for physical reasons to obtain placement consideration promptly for Federal employment.

Such a program has now been developed by the Commission and Navy Department. A copy of the Navy Department's letter of November 15, 1944, addressed to naval hospitals and naval special hospitals outlining the method of operation is attached hereto. The purpose of this letter is to inform regional directors of the plan of operation which has been adopted.

2. Plan of organization.—

To provide the necessary facilities for rendering the service contemplated, one of the two plans outlined below will be established at each hospital.

a. Designation of a representative of a labor board, "representative" is defined as "one or more persons (depending upon work load) stationed at the hospitals who are authorized to perform on a part-time or full-time basis the Civil Service functions for 'patients' at the hospital." These representatives will not service civilian employees.

As used hereinafter "representative" will mean "representative of labor Board" unless otherwise qualified. "Veteran" will mean naval personnel who may or may not have been discharged from naval service.

b. Establishment of a branch labor board consisting of one or more persons stationed at the hospitals on a part-time or full-time basis who are authorized to administer the Civil Service rules and regulations for civilian employees of the hospital as agreed between the regional director of the Civil Service Commission, the parent labor board and the medical officer in command. These boards will service both civilian employees of the hospital and veterans about to be discharged from the service.

Under either of these plans, the representative or the branch labor board will be responsible to a parent labor board designated by the Navy Department. Each will report on labor board problems for administrative and co-ordinating purposes to the parent labor board.

3. Duties and responsibilities of representatives and branch labor boards.—

a. *Representatives of Labor Boards will—*

1. Receive and maintain current announcements of Civil Service examinations and information concerning employment opportunities furnished by the Central Office and Regional Offices and will inform interested veterans preference benefits to which they will be entitled upon submission of acceptable proof of honorable separation from the active military service.

2. Inform veterans in methods and procedures of making application for Federal employment.

3. Provide veterans with application forms and related papers and assist them in executing applications, forwarding them to the appropriate office of the Commission if the veteran so wishes.

4. Arrange for any written tests required and conduct such examinations as the Regional Director may authorize.

5. Advise the veteran as completely as possible regarding Federal Employment and regulations pertaining thereto.

6. Will perform any other necessary functions leading to successful completion of the objectives of this program.

b. *Branch Labor Boards will perform all of the above functions, in addition to such of the normal duties and responsibilities delegated to labor boards, as may be agreed upon between regional director, parent labor board, and the medical officer in command.*

4. Selection and training of representatives and members of branch labor boards.—

The personnel designated to serve as representatives or as members of branch labor boards must be carefully selected as the effectiveness with which this program is carried out will depend largely on the personnel to whom responsibility is assigned. To this end the medical officer in command of the hospital will confer with the regional director on the selection of qualified personnel to perform the duties of the position. Selection will be made, if possible, from employees normally performing personnel duties. However, if qualified personnel is not available within the personnel office of the hospital or if the work load is sufficiently large to warrant additional personnel, the hospital will request the regional director to certify qualified personnel.

The medical officer in command will cooperate and work with the regional director and the parent labor board in designating representatives of establishing branch labor boards and will provide suitable quarters, equipment, and supplies.

Representatives and board members must be given intensive training and should be frequently contacted after entering upon the duties of their position. It is imperative that they be kept currently advised concerning all developments involving benefits to veterans with regard to Federal employment and with examination procedures in general. Regional directors will be responsible for seeing to it that these representatives and board members are fully instructed in their duties and will coordinate their activities in the region. At the outset, rating board inspectors or other representatives should be assigned in sufficient number to assist in training representatives and branch labor board members and in getting the program underway. Where branch labor boards are to be established representatives of the regional office will confer with the medical officer in command of the hospital and should personally contact the employees under consideration for designation as representatives or as members of branch labor board before agreement is reached as to selection. As with local boards at Army hospitals, it is essential that the representatives and branch labor boards be frequently visited until they are fully equipped to carry on, after which they should be visited by a representative of the regional office at least once every month.

5. Mailing lists.—

Each regional office should compile a list of the hospitals at which representatives are stationed and at which branch labor boards are established as soon as they are in operation. Copies of the list should be sent to each regional office and to the central office. If additions or changes are made, the central and regional offices should be notified. For mailing purposes, representatives of boards should be simply addressed as "Representative,

----- Labor Board ----- Hospital," etc.,

(Parent)

rather than use the individual's name, as changes will probably occur.

6. Dissemination of information.—

The central office and each regional office will distribute to each representative of labor board and each branch labor board:

- a. A list of existing registers. This list will be similar to the list formerly compiled by the central and regional offices indicating positions for which quarterly examinations could be arranged for persons entitled to reopened

examinations based on military preference. This list will be prepared alphabetically by title of the register and divided in sections under the classification of:

1. Mechanical trades and skilled occupations and other C. P. C. positions;
2. Stenographer, typist, and clerical;
3. Subprofessional;
4. Professional, scientific, technical and administrative.

The symbol indicated below will be placed before each register to indicate whether the register is for a position for which there is:

- *1. Urgent or frequent need;
- #2. For which there is anticipated need but not immediate prospect of appointment;
- %3. For which no appointments are contemplated at any reasonably early date.

In addition to the title of the register, the list should indicate the following data: salary, location, service and whether region-wide, state-wide or strictly local.

These lists should be revised as often as changes or additions warrant and representatives and branch labor boards should be promptly supplied with the revised edition.

b. A bulletin of positions for which examination announcements or recruiting circulars are pending or for which recruitment is conducted on a continuing basis. This bulletin will be issued each month with weekly supplements if announcements are issued, amended, or closed during the month. The bulletin could be prepared in accordance with the outline under paragraph (a) above.

When the veteran indicates a desire to file application for a position for which no register exists and no examination announcement or recruiting circular is pending, he should, of course, be permitted to file application with the understanding that his application will be forwarded to the central office or regional office in which he seeks employment for appropriate consideration.

7. Routing of applications.—

It is essential that the personnel handling applications for reopened examinations follow the provisions of War Service Regulation I, section 2, which restrict reopening of examinations to applicants who have been granted preference.

Applications will be supplied to the veteran by the representative or member of the branch labor board who will assist the veteran in filling out the application and any other necessary papers in connection therewith. As a general rule, information regarding the qualifications required for eligibility will be available in copies of examination announcements which will be sent to the representative or branch labor board from time to time. In any event, where the required information is not available he should immediately contact the regional or branch office having jurisdiction over his parent labor board. Of course, if a civil service representative is in the immediate locale, he should be contacted. The most direct route will be followed in transmitting the application to the point where it will receive immediate attention and be placed in line for consideration of the appointing officer. Each repre-

sentative or branch labor board will be supplied by the central office with the list of civil service representatives stationed at field establishments of war agencies outlined in the latest issue of Circular Letter 3310, and when list indicates that a civil service representative is stationed in the locality in which the veteran seeks to be employed, the application will be routed directly to such representative.

Before transmitting the application, the representative or branch labor board will ascertain from the veteran as complete information as is possible regarding the date when the veteran anticipates that he will be available for employment if selected, and indicate this information in the application.

8. Rating of applications for unassembled examinations.—

Applications filed for positions which are under the jurisdiction of the parent labor board will be handled as follows:

a. If received by the representative, he will forward the application to the parent labor board for rating in accordance with established procedures.

b. If received by a branch labor board, it will either rate the application or forward it to the parent labor board, depending on the agreement reached between the regional director, parent labor board, and medical officer in command.

Applications filed for examinations under the jurisdiction of regional offices other than the regional office having jurisdiction of the parent labor board will be reviewed by the representative or branch labor board, who will advise and counsel the veteran in connection with his application. Before transmitting the application to the regional office for which it is intended, an appropriate check will be made to see that the application is complete and that any supplementary forms, if required, are submitted with the application. If the veteran contemplates leaving the hospital at or about the time his application is filed, he should be cautioned to indicate in his application the address or addresses at which he can be reached after he leaves the hospital.

9. Examinations requiring written tests.—

As the time element is an important factor in written tests, the representative or branch labor board will at all times be supplied with examination papers for such standardized tests as substitute clerk, substitute carrier, substitute laborer in the postal service, stenographer and typist, etc., in order to provide the most prompt and direct service to the veteran. Regional offices should now be sufficiently stocked with appropriate series of test material so that representatives and branch labor boards may be furnished in advance with adequate test material as required. When the veteran desires to apply for a position requiring a written test and the representative of branch labor board determines that there is an existing register for which examination can be reopened, the representative or branch labor board will immediately arrange to give the veteran the test at the hospital as soon as proof of honorable discharge has been submitted. The application and examination papers will then be transmitted directly to the regional office having jurisdiction over the locality for which the veteran has been examined. The papers will be immediately rated in the regional office and the veteran promptly notified of the results. A corresponding procedure will apply in the case of clerical and stenographic examinations for employment in Washington, D. C., in which event the application and examination papers will be sent directly to the central office.

10. Direct recruiting orders.—

Direct recruiting orders will be furnished to representatives and branch labor boards as soon as necessary training has been given. This is a vital phase of this program, as the appointment of veterans should be effected without delay whenever possible.

11. List of naval hospitals.—

Attached hereto are two lists of naval hospitals. Representatives of labor boards will be stationed at those hospitals named on list No. 1, while branch labor boards will be established at those named on list No. 2.

The Navy Department has advised that if for any reason, the medical officer in command of one of the hospitals named on list No. 1 wishes to establish a branch labor board to serve civilian employees also, he may file such a request through official channels. If approved, it will be presented to the Navy Department and Civil Service Commission for approval. Likewise, if the medical officer in command of a hospital named in list No. 2 should not desire the establishment of a branch labor board, he should submit a request through Navy Department channels that a representative be stationed at the hospital rather than the establishment of a branch labor board.

12. Effective date.—

This program will be placed in effect immediately. Action necessary to place the program in effect at all hospitals concerned should be completed on or before 31 Jan. 1945.

By direction of the Commission:

L. A. MOYER,
Executive Director and Chief Examiner.

Attachment:

Sent to regional directors and managers, branch regional offices only.

44-255—Service Number or Officer's File Number, Use of on Form NavMed Y and Form NavMed AV-1 Reports of Physical Examination

P1-1/P2-5; 14 Dec. 1944.

To: All ships and stations.

1. In the preparation of reports of physical examination submitted on NavMed Y or NavMed AV-1, it is directed that the file (serial) number of officers, Navy and Marine Corps, or the service number of enlisted personnel, Navy and Marine Corps, be entered in the space immediately following the individual's name, to facilitate proper identification of medical records in the Bureau of Medicine and Surgery.—*Ross T McIntire.*

44-257—G. I. Movies; Availability of

A3-1/P11-1; 15 Dec. 1944

To: NavHospitals (all Types Continental).

Encl: A. (HW) BuPers Memorandum No. Pers-414-VM, 5 Dec. 1944.

1. Enclosure is forwarded for your information and any action which may be appropriate.

By direction of the Chief, BuMed.—*Howard H. Montgomery.*

Enclosure A

NAVY DEPARTMENT

BUREAU OF NAVAL PERSONNEL

WASHINGTON 25, D. C.

Pers-414-VM

5 Dec. 1944

MEMORANDUM

To: Chief, Bureau of Medicine and Surgery.

Attn.: Head, Rehabilitation Branch,
Professional Division.

Subj.: G. I. Movies for Naval Hospitals—Availability of.

1. It is requested that the information concerning subject films contained herein be forwarded to the medical officers in command of naval hospitals.

2. In view of expressed needs for short educational, informational, and morale film for use in the educational services programs of naval hospitals, and the demonstrated value of the "RX Series" films, currently in use at certain hospitals, subject films have been made available through the cooperation of the Army Service Forces.

3. The G. I. Movie Weekly is a collection of short subjects, totaling approximately 45 minutes in length, released each week as an educational entertainment feature exclusively for armed forces personnel. Issues include a wide range of entertainment, sports, and educational short subjects, as well as the Army-Navy Screen Magazine, a newsreel especially designed for service personnel.

4. A number of naval hospitals are already on the distribution list for subject films. Those hospitals not currently receiving subject films will, upon request of the medical officer in command, be placed upon a circuit to receive a print of each film issued. Such requests are to be made through appropriate channels to the Bureau of Naval Personnel—Attention: Educational Services Section.

5. It will be the responsibility of the officer designated in each hospital to plan for the utilization of the film, to see that it is sent to the activity next on the circuit, and to report on its utilization as may be requested. It is expected that each issue will be reviewed by an assigned authority at each hospital to determine utilization.

6. Specific information in regard to the several circuits, the dates assigned for showing, the method of handling shipment, and the reporting of utilization will be sent to each hospital directly from the Army Service Forces office in New York which handles distribution of G. I. movies.

[S] D. L. MADERIA,
Captain, USN, Director of Training.

44-258—Duties of Chaplains in Naval Hospitals*P16-3/OH; 15 Dec. 1944*

To: NavHospS, Special HospS and RecHospS

Encl: A. (HW) Ltr. from BuPers (Chaplains' Division), enclosing statement of "Duties of Chaplains in Naval Hospitals."

1. Enclosure has the approval of the Bureau and shall be used for the guidance of all concerned.

2. It is directed that this letter be brought to the attention of all chaplains concerned.—*Ross T McIntire.*

Enclosure A

NAVY DEPARTMENT
BUREAU OF NAVAL PERSONNEL
WASHINGTON 25, D. C.

Pers-72-80
22 Nov. 1944

To: Chief of the Bureau of Medicine and Surgery.

Subj: Duties of chaplains assigned to Naval Hospitals.

1. Traditionally there has been a close relationship between chaplains and medical officers based upon a common interest in the welfare of the patient.

2. The Chaplain Corps has expanded greatly along with the Navy since the war began, with the result that there are chaplains serving in the hospitals, many of whom in their previous naval duties have not served in hospitals, and therefore, are not acquainted with such duties.

3. This situation has been discussed with officers of the Bureau of Medicine and Surgery who have expressed the opinion that a statement in general terms of the duties of a hospital chaplain would be of value to both the medical officers in command and the chaplains.

4. The enclosure reflects the views of the Bureau of Naval Personnel (chaplains' division) and the medical officers who were consulted.

5. It is requested that the Bureau of Medicine and Surgery forward the attached statement to the medical officers in command of all naval hospitals for the information and guidance of all chaplains attached to their commands.

By direction.

[S] R. D. WORKMAN
*Captain ChC, USN,
Director, Chaplains' Division.*

Enclosure

Pers-72-mk
12 Dec. 1944

DUTIES OF CHAPLAINS IN NAVAL HOSPITALS

1. *Religious services.*—As approved by the commanding officer, religious services should be held each week for the benefit of both patients and staff

personnel. A mid-week prayer service is recommended even though the attendance may be small. Daily Catholic mass of devotion is presumed when a Catholic chaplain is assigned to the command.

2. *Pastoral*.—Calls on patients who are confined to their wards are an equally important duty of the hospital chaplain, and should include, as far as practical, daily visits to all patients confined to bed.

3. *Office interviews*.—Office interviews are also important; however, the chaplain must be on the alert in order that the amount of time given to office interviews does not encroach upon the time needed adequately to serve ward patients. The advantage of the office interview is that it provides a privacy which does not always exist in a ward interview.

4. *Correspondence*.—An important duty consists of writing letters to relatives and friends concerning the comfort and progress of the patient. The chaplain should avoid discussing in such correspondence the details of the medical aspects of the case. A file of all such correspondence should be kept for reference and for the benefit of succeeding chaplains.

5. *Religious literature*.—Religious literature supplied by civilian agencies should be scrutinized by the chaplain and selected with care for distribution to insure that it is helpful and inspirational. The patient is apt to become depressed or apprehensive, and react in an unfavorable manner to some types of literature. Wherever possible, it is helpful to give the patient literature published by his own denomination or faith.

6. *Collateral duties*.—When the chaplain finds that there are needs for services not presently supplied, he should accept the responsibility of obtaining or furnishing such services as collateral duties, following conference with his commanding officer. This may apply, for example, to providing games for the men, motion pictures, a daily paper, or other welfare activities where no one else has that responsibility.

7. *Readjustment to home and church life*.—In addition to the foregoing duties, the chaplain should, whenever possible, interview all patients prior to discharge from the service. The purpose of this interview is to afford the patient an opportunity to seek advice and counsel from the chaplain regarding readjustment to family and church life. The interview should be held several days prior to the date of discharge. It is recognized that the chaplains will see patients many times during their stay in a hospital preliminary to the final routine ending in actual discharge. Nevertheless it is important that a final predischarge interview be held in which the chaplain gives his last words of advice and counsel to the departing personnel and asks if there is any further service he may render.

It is suggested that letters be sent to the next of kin and to the pastor of the dischargesee, provided he consents to such letters being forwarded by the chaplain. Such letters should be mailed after the dischargesee's departure. These letters should, whenever practical, be signed respectively by the Catholic, Protestant, or Jewish chaplain as may be appropriate. Attached are sample letters for this purpose. If time and staff permit, each letter should be an original, rather than mimeographed, so that the whole procedure will be kept as personal as possible.

8. *Work schedule*.—The success of a hospital chaplain in the performance of his duties depends largely upon a proper budgeting of his time between formal religious duties, ward visits, and office interviews, based upon a preliminary survey of the particular hospital. Following such a study it is necessary that the chaplain prepare and abide by his schedule, which on

a daily basis, provides a proper amount of time and definite hours for calling in the wards and for other duties.

9. *Conclusion*.—It is considered that the importance of the service of a chaplain to patients in hospitals is second only to the service a chaplain renders to personnel in time of battle. Many of those in the hospital will be men who were wounded in action. Although the chaplain's work in the hospital is not as dramatic as his service with personnel in battle, it is necessary that he bring to the patients the same zeal and concern which he gives to men when actually fighting.

Pers-7-mk.

Sample Letter

HOSPITAL CONCERNED

(Sample letter to next of kin of dischargee from chaplain)

12 December 1944.

DEAR FRIEND:

I had talk with (name the individual), who was recently discharged from the (Navy, Coast Guard, or Marine Corps). You are looking forward to his return, and I know that your reunion will be a happy one, compensating you both for the months of separation which you have endured.

The sacrifices which you have made, and which millions of others are making, were necessary and unavoidable. However, there is one very important adjustment which only you can help him make. His life in the service has, of necessity, been very different from his life at home. He must now readjust himself as a vital part of his family, his church, and his community. This will require sympathetic understanding on the part of the family, as well as that of friends.

If he experiences difficulty in re-establishing himself in the community, urge him to consult the available civilian agencies which are provided for the purpose of aiding in the rehabilitation of discharged servicemen.

I am also writing to his (pastor, priest, rabbi).

My earnest prayer and hope is that his return to civilian life will be happy and that he will be successful in all his undertakings.

Very sincerely yours,

Chaplain.

By direction commanding officer.

Sample Letter

HOSPITAL CONCERNED

(Sample letter to pastor of churches concerning a dischargee)

12 December 1944.

(Name of Church)

(Address)

Dear Pastor: (Father or Rabbi)

It is my pleasure to write to you concerning (name him here) who was recently discharged from the (Navy, Coast Guard, Marine Corps). Among

the first to counsel him when he entered military service was a chaplain. Wherever he has been, we have endeavored to provide the counsel, comfort, and spiritual advice of a chaplain. Now, as he leaves, we send him home with our appreciation and blessing.

He tells me that he is a member of your congregation (or his family is associated with your church). The personal relationship he has had with the chaplain during his military service can best be replaced in civil life by a similar relationship with his church. If he experiences difficulty, we are confident that you will use your influence to help him become reestablished in the community.

I am also writing to his (mother or wife).

We would greatly appreciate hearing from you concerning your first contact with him.

Very sincerely yours,

Chaplain.

By direction commanding officer.

44-259—Petrolatum, Liquid, Stock No. 1-575, Removal of From Contents of Boat Box, Stock No. 2-185, and From All Life Rafts, Life Floats, and Floater Nets

L7-1/EN10 (042); 18 Dec. 1944

To: All ships and stations

Refs.: (a) Alnav 194-44.

(b) BuMed ltr L7-1/EN10 (042), 9 Apr. 1942.

1. Evidence accruing subsequent to the issue of references (a) and (b) indicates that liquid petrolatum (mineral oil) is not effective in the prevention of "immersion foot" in those who are forced to abandon ship. Therefore, reference (b) is hereby canceled and reference (a) is modified to the extent that the words "2 units stock number 1-575 and" are deleted.

2. Steps shall be taken to remove liquid petrolatum from all boat boxes, life rafts, life floats, and floater nets. Liquid petrolatum thus removed shall be taken into stock by the medical department of the activity concerned.—*Ross T McIntire.*

44-263—X-Ray and Electrocardiographic Films, Conservation and Transfer of With Patients

L8-2/P3-3; 21 Dec. 1944

To: All ships and stations

Ref.: (a) Alnav 82-43

1. Reference (a) emphasized the urgent need for the conservation of X-ray films. The situation in this respect continues critical and the prospects for major improvement are not encouraging.

2. To the end that films be conserved to the greatest possible degree and to insure continuity in the care of patients transferred between medical activities, addresses are directed to institute immediate administrative measures (a) to prevent duplication of expenditure of X-ray and electro-

cardiographic films, and (b) to transfer with the patient, clinically relevant X-ray films and electrocardiograms whenever possible.

3. When X-ray films are transferred with the patient, notation shall be made on the NavMed H-8 (Medical History Sheet) of the Health Record or other medical record, and an appropriate entry filed in the X-ray file, indicating that film has been forwarded to another activity.—*Ross T McIntire.*

44-266—Renewal of Leases, Procedure for

A1-1/NN (023); 23 Dec. 1944

To: NSs, RivComs, and All Med. Dept. Activities

Ref.: (a) Secretary of Navy Circular ltr, 27 Sept. 1944, in re Procedure for Requests for New Leases and Renewal of Leases, with enclosures.

Encl.: A. (HW) Copy of ref. (a) with enclosures.

1. Medical Officers in Command are requested to comply with the directives of reference (a) when submitting requests for new leases and renewals of leases.

2. It is noted that leases to be renewed for the fiscal year 1946 have various renewal clauses, such as, 30 days, 60 days, or 90 days notice of intent to renew. In order to obviate unnecessary correspondence and delay, addressees are requested to submit requisitions and supportive statements to reach the Bureau whose appropriation is chargeable, prior to 1 Mar. 1945.—*Ross T McIntire.*

Enclosure A**NAVY DEPARTMENT**

WASHINGTON

27 Sept. 1944.

From: The Secretary of the Navy.

To: Commandants, all naval districts and river commands.
Commandants, commanders and commanding officers, shore stations.
All bureaus and offices, Navy Department.

Subj.: Procedure for requests for new leases and renewals of leases.

Refs.: (a) SecNav Dispatch to ALSTACON 211400, 21 Dec. 1943.
(b) SecNav Circular ltr. 1 Apr. 1944.
(c) CNO Circular ltr. Serial No. 1069630, 15 June 1944.
(d) CNO ltr. 15 Apr. 1944, re Manpower Requirements.
(e) Secretary of the Navy Circular ltr. (SC) P-16-1/EN 26 Jan. 1944, re Employment of Personnel.

Encls.: Copies of references (a) to (d) inclusive.

1. Failure of field activities to comply with the directives in references (a), (b), (c), and (e) in submitting requests for the lease of property is causing unnecessary delay and duplication of effort.

2. A summary of established policies and procedures is furnished below for the information and guidance of all concerned.

A. Manner of submitting requests.

Activities desiring to lease property, to renew or continue existing leases (in the case of leases having automatic renewals), shall submit requests, via the district commandant, by means of formal requisition to the Bureau whose appropriation is chargeable for the rental.

A letter shall be forwarded when information is required on a project as a whole, in addition to that required for the requisition as indicated in paragraph 2B below, such as construction on the leased property, the general construction or acquisition program involved in connection with this lease, extensive justification of the leased property, etc. The requisition shall invariably be forwarded with such correspondence. In emergency, dispatch authorization may be requested, referencing requisition number, etc., as provided in reference (a).

B. Information required on requisition.

(a) Data required by General Order No. 138.

(b) Definite statement and justification as to the necessity for the acquisition, renewal, or continued use. When the requisition is forwarded with a letter as covered by paragraph 2A above, the complete justification need not be shown on the requisition as the justification is contained in the letter, but reference to the letter shall be made on the requisition.

(c) Present use of property.

(d) Existing lease number if additional space, renewal, or continued use.

(e) Number of persons who will occupy and/or operate space, continuously or intermittently, separately for naval and civilian personnel. In this connection, see references (d) and (e).

(f) When the data required by subparagraphs B, (a) to (e) inclusive, is not typed on the requisition, it shall be submitted with the requisition in triplicate.

(g) Additional information will be required on requisitions covering leases of office space and renewals thereof. A separate letter of instructions, outlining the specific information required, will be forwarded in the near future.

C. Action required by commandant of naval district.

In addition to approval (or disapproval), the commandant will certify on the requisition that—

(a) A survey has been made of all property under Navy and Government Control and that survey has revealed that there is no property available which can be adapted to the Navy's need.

(b) Consolidation with similar activities has been investigated and found not possible and that no activities exist that could absorb, without considerable expansion, the subject activity.

D. Action in the Department

The Bureau whose appropriation is chargeable is responsible for processing of requisitions to obtain the necessary approval of—

(a) Cognizant bureau (if other than the Bureau whose appropriation is chargeable);

(b) The Administrative Office, Space Planning and Control, Executive Office of the Secretary, in the case of new acquisitions of office space. Renewals of leases for office space will not be submitted to this office except when specifically requested.

- (c) The Chief of Naval Operations;
- (d) The Bureau of Yards and Docks.

The Bureau of Yards and Docks is responsible for obtaining Congressional approval and for negotiating and executing the lease.

[S] RALPH A. BARD,
Acting Secretary of the Navy.

Enclosure

Reference (a)

NW/XJ

Telephone Ext. 61487

From : SECNAV

Released by : Frank Knox

Date : 21 Dec. 1948

-D -A- SNOW 211400 RE M -QXL- GR 124 BT

ACTIVITIES CONTEMPLATING ACQUISITION OF PROPERTY BY LEASE SHALL NOT TAKE OCCUPANCY OR MAKE COMMITMENTS TO OWNER BEFORE OBTAINING APPROVAL OF BUDOCKS AND COGNIZANT BUREAU X FORMAL REQUISITION CONTAINING DATA REQUIRED BY GENERAL ORDER 138 AS MODIFIED BY EXECUTIVE ORDER 9194 SHALL BE SUBMITTED VIA DISTRICT COMMANDANT TO BUREAU WHOSE APPROPRIATION IS PROPERLY CHARGEABLE WITH RENTAL X ASSISTANCE IN OBTAINING ABOVE DATA IS AVAILABLE FROM REGIONAL REAL ESTATE OFFICES OF BUDOCKS X IN URGENT CASES APPROVAL MAY BE REQUESTED BY DISPATCH REFERENCING REQUISITION NUMBER AND INDICATING TYPE OF SPACE AND AREA DESIRED X LOCATION X NAME OF REQUIRING ACTIVITY X JUSTIFICATION X AND ESTIMATED RENTAL X FUNDS REQUIRED FOR MAINTENANCE AND OPERATION OF PROPERTY SHALL BE REQUESTED SEPARATELY OF BUREAU HAVING OPERATING COGNIZANCE OF ACTIVITY BT 211400

NAC NAD NAH NBL NAF NAI NAM NAO NSO NAT NAJ
NSF NFV NV CB CG NY SA AN(TWX) RD CS NHK NP

Enclosure

Reference (b)

NAVY DEPARTMENT

WASHINGTON

1 Apr. 1944

To : All Bureaus, Boards and Offices, Navy Department;
Headquarters, Marine Corps;
Headquarters, Coast Guard;
Commandants, All Naval Districts.

Subj. : Policies regarding office space utilization, standards, and acquisitions.

Ref. : (a) SecNav ltr. 29 Sept. 1943, Op-80H3-efs, Ser. 899330; re conservation of office space.
(b) CNO ltr. 26 Oct. 1943, Ser. 951430; re conservation of office space.

RESTRICTED

JULY 1939-JULY 1945

- (c) Alstcon 21 Dec. 1943; re acquisition of property.
- (d) SecNav ltr. 22 Oct. 1943; re acquisition of property.

1. In order to implement the established Navy policy of economical office space utilization with respect to departmental activities in the field that are expanding, about to be established, or to be decentralized from Washington, it is considered desirable that all space acquisitions be previously surveyed and approved.

2. Therefore, it is directed that:

(a) All activities contemplating the acquisition by lease or otherwise, of any property outside the Washington metropolitan area, to be utilized as Navy office space, shall not take occupancy or make commitments until the project is first approved by the Assistant Secretary of the Navy. Approval of such projects will be based upon conformity of the proposed acquisition with existing office space standards, necessity for the expansion and type of space proposed.

(b) For the duration of the war a maximum of 80 square feet per person in the actual working areas in office buildings shall be established. Where possible and/or necessary, a night shift of 10 percent shall be maintained.

3. Attention is directed to references (a), (b) and (c) which require clearance of contemplated acquisitions with the commandant of the district concerned with a view towards utilizing existing Navy space. In addition, it is directed that:

(a) The commandants established a space planning and control office from existing personnel for the purpose of advising the Assistant Secretary of the Navy on space utilization of all naval activities and for the purpose of aiding the commandant to plan and control all navy office space in accordance with the above within the territorial limits of the naval district.

4. Attention is invited to reference (d) which directs that each acquisition be cleared with both the Senate and House Naval Affairs Committees by the Bureau of Yards and Docks and that the cognizant bureau or office must be prepared, when called upon, to present its justification for the acquisition in hearings before the committees.

5. Requests for acquisition of property for Navy office use shall be addressed hereafter in accordance with the foregoing and existing directives.

[s] FRANK KNOX.

Enclosure

Reference (c)

NAVY DEPARTMENT

OFFICE OF THE CHIEF OF NAVAL OPERATIONS

WASHINGTON (25)

15 June 1944.

Op30-2CH3-efs

Serial 1069630

AIRMAIL

From: CNO

To : All Comdts. of Naval Districts and River Commands, All Bureaus and Offices of the Navy Department, Comdt., U. S. Marine Corps, Comdt., U. S. Coast Guard.

Subj: Facilities in Districts, necessity for, report on.

JULY 1939-JULY 1945

RESTRICTED

Refs.: (a) CNO ltr., Op-02-Md, Serial 89802, 20 May 1944.
(b) CNO serial 115931, 9 June 1944.

1. References (a) and (b) direct addressees to cause a survey of facilities established for any purpose except air activities to be made, and where such survey shows that these facilities can either be eliminated or materially reduced, action is to be taken at once to effect such elimination or reduction. It is considered that leased property constitutes a substantial part of these establishments and facilities and therefore all requests for renewals should be carefully scrutinized in order to determine wherein eliminations and/or reductions can be effected.

2. It is also considered advisable to have cancellation clauses included in all leases where practicable, in order to facilitate reductions, eliminations, and economies when conditions arise to justify the same.

3. In all cases where leased property is to be vacated, the appropriate office shall notify BuDocks and the Bureau whose appropriation is chargeable for the rent, as far in advance of vacation as is practicable.

4. Inasmuch as it is inadvisable to withdraw any more real property from private occupancy except in cases where property already under control of the United States is not adaptable to naval needs, no new acquisitions shall be requested until it has been determined that there is no adaptable federally controlled real estate available. Moreover since training functions have reached their peak and operational activities in certain areas are being reduced, before new facilities are applied for or renewal of leases on property now being used is requested, the consolidation of the proposed new activity and consolidation of existing activities with others wherever located, should be carefully considered. Effective consolidations will release much needed Naval personnel for other assignments and will operate to return real property to private users.

5. For purposes of the record, every request for renewal of leases and every request for acquisition of real property must contain a positive statement:

1. That a survey has been made of all property under Navy and government control and that the survey has revealed that there is no property available which can be adapted to the Navy's need.

2. That consolidation with similar activities has been investigated and found not possible; or that no activities exist that could absorb, without considerable expansion, the subject activity.

[s] F. J. HORNE,
Vice Chief of Naval Operations.

Authenticated:

/s/ T. C. PARKER,
Commander, United States Navy.

Enclosure

Reference (d)

NAVY DEPARTMENT

OFFICE OF THE CHIEF OF NAVAL OPERATIONS

WASHINGTON

15 Apr. 1944.

From: Chief of Naval Operations.

To: All bureaus and offices of the Navy Department.

RESTRICTED

JULY 1939-JULY 1945

Subj.: Public Works Construction—Manpower Requirements for Construction and Operation.

Ref.: (a) CNO ltr. Ser. 38502, 29 Feb. 1944.

1. The War Production Board and the War Manpower Commission are now confronted with an even more severe manpower shortage in the critical labor areas on the West Coast, which include Seattle, Wash.; Portland, Oreg.; San Francisco, Los Angeles, and San Diego, Calif.

2. These agencies have delegated to the Area Production Urgency Committee and the War Manpower Priorities Committee, the responsibility of releasing and assigning labor to all projects in each specific area.

3. It is therefore necessary to provide an estimate of the labor required for the construction of all public works on the West Coast falling within the critical areas listed and, in addition, an estimate of the civilian labor required for the operation of the proposed public works facilities.

4. It is accordingly directed that the Bureau of Yards and Docks estimate the labor required for the initial construction of the project, together with an estimate of additional labor that may be required to maintain and repair the public works facility.

5. The bureaus, and the Commandant, United States Marine Corps, and other offices of the Navy Department sponsoring public works construction on the West Coast are hereby directed to provide an estimate of the civilian labor that may be required for the operation of the public works facility which they request the Bureau of Yards and Docks to construct. This estimate will be furnished the Bureau of Yards and Docks in the letter addressed by the sponsoring agency to that Bureau when it first requests that a particular public works construction be processed through the Navy Department for approval and release by the Secretary of the Navy.

6. The Bureau of Yards and Docks will transmit necessary information regarding the prospective public works construction, together with estimates of the labor required for construction and the civilian labor required for operation, to the Chief of the Office of Procurement and Material for transmission to the War Production Board, the War Manpower Commission, and the Navy member of each Area Production Urgency Committee.

7. The final decision to locate a public works construction (command construction) in a critical labor area still rests with the Secretary of the Navy.

F. J. HORNE,
Vice Chief of Naval Operations.

JOINT LETTER: BuMed—BuShips

44-267—Type "AM" NAN Receivers, Personal Safety in Use—Handling and Storage of

RESTRICTED: P2-4/LL; 26 Dec. 1944

To: All ships and stations.

1. Of the NAN receivers being issued to vessels of the Pacific Fleet through the Fleet Maintenance Office of the Commander Service Force, United States Pacific Fleet, a large proportion will be small, hand-held units known as type "AM" receivers, which contain small quantities of active radium.

2. In view of this the following precautions have been recommended by the Naval Research Laboratory and the National Bureau of Standards to aid personnel in avoiding overexposure to the gamma radiation emanating from the radium.

(a) The "AM" receiver should not be held in the hand more than 2 hours total time in 24 hours.

(b) The "AM" receiver should not be carried on the person, kept in a pocket, or hung on a strap close to the body for more than 2 hours total time in 24 hours.

(c) When not actually in use, the instrument should be set aside at least 2 feet from personnel.

(d) Personnel sorting and checking the receivers, with an average of two instruments within 2 feet at all times, should not engage in this work for more than 5 hours total time out of 24 hours.

(e) Large quantities of receivers must not be stored closer than 25 feet from personnel.

3. The danger of exceeding the safe exposure tolerance decreases inversely with the square of the distance between the personnel and the receivers and increases directly with the time of exposure and the number of receivers.

4. Large numbers of "AM" receivers should be stored in buildings where there is no processing, handling, or storage of photographic film. If it is necessary to transport quantities of these receivers on shipboard or by plane, they should be carried as far removed from any photographic film as possible.

5. If the above precautions are observed, the receivers containing radium may be used and handled with complete safety to personnel.

6. If there is a questionable overexposure to personnel, a white blood count should be done. Any pertinent abnormality of the blood which is persistent or increasing must be assumed to be due to overexposure.—
W. J. C. Agnew—H. G. Rickover.

JOINT LETTER: BuPers—BuMed—BuSandA—MarCorps

44-272—Government Insurance

BuMed A18-1/L13-2, Pers-5351, SandA L13-2(25)(OGB), 29 Dec. 1944

To: NDs and RivComs, NavHosp, and MarCorps Activities.

Refs.: (a) BuPers and BuS&A Joint Cir. Ltr. Pers-511-kjs, L13-2; S&A L13(25)(OGB), 27 Jun 1944.

(b) BuPers and BuMed Joint ltr. Pers-511-L13-13-2, P3-5/P19-1 (034-42), 30 Mar. 1944.

Encl: A. (HW) Vet. Adm. Ins. Form 797.

1. In order to simplify the method of processing claims on National Service Life Insurance and United States Government Life Insurance, to eliminate as much paper work as possible, and to answer the numerous inquiries concerning the disability provisions of this insurance, the instructions in this letter supplement those contained in the above noted ref.

2. Reference (a) (paragraph 24) outlines the provisions relative to waiver of premiums for total disability on National Service Life Insurance.

3. Reference (a) (paragraph 27, sub (c) (6) and (c) (7)) outlines the

provisions relative to waiver of premiums and disability benefits on United States Government Life Insurance.

4. Disabled Naval and Marine Corps Personnel carrying National Service Life Insurance or United States Government Life Insurance who are admitted to a Naval Hospital for treatment, except in those cases where the disability is of an acute or temporary nature, shall be individually contacted and informed concerning waiver of payment of premiums on National Service Life Insurance and disability benefits under United States Government Life Insurance. Assistance shall be rendered in filing claims for these benefits whenever the insured is eligible in accordance with reference (a) (paragraph 24 and paragraph 27, sub (c) (6) and (c) (7)). A file card shall be prepared for each such patient upon his admission to the hospital. This card should show the patient's name, rank or rate, and service or file number, date of admission to the hospital, and date of commencement of total disability. This card shall be filed according to the commencement date of the disability and referred to when the insured becomes eligible to file an insurance claim. Date of commencement of total disability should not be confused, in the hospital where the file card is prepared, with date of admission to the hospital, as the two dates may be different. Any person hospitalized, or on the sick list, is considered totally disabled for the purpose of filing application for an insurance claim.

5. As soon as the insured becomes eligible to file an insurance claim, Veterans' Administration Insurance Form 357 (statement of claim for waiver of premiums or continuation of waiver of premiums under the National Service Life Insurance Act of 1940, as amended), or Veterans' Administration Insurance Forms 579 (statement of claim for Insurance—total permanent disability) or 579a (statement of claim for insurance—total permanent disability) or 579c (statement of claim for benefits under section 311 of the World War Veterans' Act, 1924, as amended—special additional disability provision), (enclosures to reference (b)), as appropriate, and enclosure A shall be completed and forwarded to the insurance claims council, Veterans' Administration, Washington 25, D. C., for determination. Any of the above mentioned forms shall be firmly stapled to Veterans' Administration Insurance Form 797 when forwarded to the Veterans' Administration. If, upon discharge, the insured executes a claim for pension and an insurance claim, both forms shall be forwarded to the area office of the Veterans' Administration having jurisdiction of the pension claim, or accompany the patient if he is transferred to a Veterans' Administration facility for further treatment.

6. Facts regarding treatment, contained on Veterans' Administration Insurance Form 357, constitute notice of claim. The proof of the claim is determined from the facts submitted on Veterans' Administration Insurance Form 797 showing all dates and places of hospitalization from the inception of the disabling condition for which claim is made. If hospitalization has been unbroken since the inception of the disability for which claim is made, it is not necessary to give all dates and name all places of hospitalization. In such cases, it is sufficient to designate the date and place of the first hospitalization as indicated in item 3 on Form 797. This form must always be dated as of the date of preparation, and in expressing the "Prognosis" under item 6 on Form 797, the outlook with respect to the anticipated number of weeks or months of further treatment shall be given. The use of words such as "good", "fair", "poor", or "undetermined" shall be avoided in

stating prognosis. Veterans' Administration Insurance Form 797 shall be furnished in lieu of a certified transcript of the medical history as required in reference (b).

7. An insured who is disabled by reason of a mental disability who, in the opinion of the commanding officer, understands the nature of an application for disability benefits or claim for waiver of premiums on Government life insurance and becomes eligible to file a claim, shall be assisted in the preparation and presentation of the application. If, in the opinion of the commanding officer, the insured does not understand the nature of such an application, or is physically unable to sign an application, it shall be prepared on his behalf with an accompanying statement by the commanding officer, over his signature, that because of the insured's mental or physical condition, application is being made for him.

8. In the case of a mentally incompetent insured who is not eligible to file an insurance claim because of insufficient duration of disability and is being released from active service, the next of kin shall be furnished proper application forms with an explanation of the insured's rights and benefits concerning these provisions under National Service Life Insurance or United States Government Life Insurance.

9. The date the insurance claim is forwarded to the Veterans' Administration shall be entered on page 9 of the service record of enlisted personnel.

10. Upon receipt of notification from the Veterans' Administration that the insurance claim has been approved, the claimant shall be advised to discontinue the insurance allotment effective last payment as of the current month except in cases where insured has returned to duty prior to date of notification, or will do so very shortly, or where waiver has terminated prior to receipt of notification of period of same or will terminate in immediate future. Refund of premiums paid subsequent to the effective date of the claim is made by the Veterans' Administration direct to the insured. Insured shall furnish the Veterans' Administration with address to which refund checks may be delivered.

11. It is essential that as soon as disability has ceased, the Veterans' Administration be informed of the change in status. The insured shall also be advised to register a new allotment to pay subsequent premiums. Whenever claim for waiver is filed on behalf of an insured, he shall be informed that if the claim is allowed he is under obligation to notify the Veterans' Administration at such time as he returns to duty. It is also the responsibility of the discharging hospital to notify the Veterans' Administration of the date of termination of treatment and return to duty, in those cases in which an insurance claim has been filed. If the disability ceases immediately prior to discharge, the insured shall be informed that payment of the premiums must be assumed by him upon release from active service in accordance with reference (a) (par. 18) and paragraph 12 below. Every person insured with National Service Life Insurance whose total disability has existed for a period of less than 6 consecutive months immediately preceding date of discharge or release from active duty shall be informed of possible future rights to waiver of premiums.

12. Premiums for National Service Life Insurance and United States Government Life Insurance shall be paid directly to the Veterans' Administration after discharge from service. Premium remittance shall be in the form of a check or money order made payable to the Treasurer of the United States. Cash or currency should not be mailed since such payments are

sent at the remitter's own risk. The following is a sample copy of the letter which should accompany the first premium remittance mailed direct to the Veterans' Administration, Washington 25, D. C., within 31 days from the period for which premiums were last paid:

COLLECTIONS SUBDIVISION,
Veterans' Administration,
Washington 25, D. C.

(Date)

Enclosed is remittance in the amount of \$----- in payment of the premium due on National Service Life Insurance-----
(Policy or certificate number or numbers, if known)

on the life of-----
(Print the insured's first name, middle name, and last name in full)

(Rank or rating)

(Service or file number) (Date of discharge)

Please send future communications and premium notices to the insured at the following address:

(Number and Street) (City, town, zone or post office) (State)

(Signature of insured)

13. Disabled Naval and Marine Corps personnel being released from active service shall be advised that Government insurance premiums may be deducted from the monthly award of disability compensation or pension. It is important to pay premiums by direct remittance until the insured is notified that an award for disability pension has been granted. Upon receipt of such award notice the insured may complete Veterans' Administration Insurance Form 887 (Authorization to Deduct Insurance Premiums from Compensation Payments, Retirement Pay, or Pension) and forward same to the Veterans' Administration, Washington 25, D. C.

14. In addition to the information set forth above, all hospitalized naval personnel shall be counselled and advised of their rights and privileges concerning conversion, change of beneficiary and all other benefits relating to government insurance.

15. Naval personnel being released from active service who are paying premiums for private insurance by allotment shall be reminded that, upon release from active service, payment of premiums by direct remittance to the company must be resumed in order to keep the insurance in force.—*Ross T McIntire, A. A. Vandegrift, Randall Jacobs, W. J. Carter.*

Enclosure A

Veterans' Administration Insurance Form 797

Be Brief—Concise—Accurate

REPORT OF DISABILITY FOR INSURANCE PURPOSES

1. Last name—first name—middle initial	Serial or service No.	Date of entry into active service, if known

2. Full name and address of hospital making this report:

3. Date and place individual first came under continuous hospital treatment for present disability:

Date entered	Full name and address of hospital

4. If any previous hospitalization pertains to present disability and is not included in above record of continuous hospital treatment, give places and dates of admission and discharge if available:

Date entered	Date discharged	Full name and address of hospital

5. Diagnosis (major condition or conditions causing disability). State main procedure supporting diagnosis, e. g., X-ray, E. K. G., etc.:

6. Prognosis (estimated further period of hospital care):

Certified by _____
(Signature)

(Date)

Mail this form and completed claim to: Chief, Insurance Claims Council, Veterans' Administration, Washington 25, D. C.

JOINT LETTER: BuMed—BuDocks

44-274—Naval Hospitals, Temporary Ward Buildings—Installation of Automatic Sprinklers and Fire Walls

PDP-NH/N27; 30 Dec. 1944

To: NavHospitals and Special Hosps.

Refs.: (a) SecNav ltr PM275 ECB: dc, 29 Aug. 1944.

(b) BuMed ltr A1-1/NN(023-42); 26 May 1944.

(c) CNO ltr Op30, S1-1h, Serial 284630 to Comdts., NavDists., River Commands and SupCivEngs., 7 Jan. 1944.

(d) BuDocks A1-1 CirLet 77-43, 18 Mar. 1943.

RESTRICTED

JULY 1939-JULY 1945

- Encl.: A. Y&D Sketch No. 1, 30 Dec. 1944.
B. Y&D Sketch No. 2, 30 Dec. 1944.
C. Y&D Sketch No. 3, 30 Dec. 1944.
D. Natl. Board of Fire Underwriters Pamphlet #13, July 1940 with
Amendment of Aug. 1942.

(Enclosures available on request.)

1. In accordance with the directive of reference (a), BuMed in conjunction with BuDocks has developed a general policy for subject installation, delineated as follows:

(a) Automatic sprinkler protection will be provided for all buildings of temporary construction used for housing patient personnel, and the closed connecting passageways thereof. Buildings of other occupancies, joined by connecting passageways, will not be sprinklered, but will be blocked off by fire stop bulkheads in the passageways as indicated on encl. A, B and C.

(b) Detached buildings, not employed for housing patients, will not be sprinklered, except where such structures offer considerable exposure risk to patient personnel structures. This group includes staff quarters, maintenance shops, laundries, bag storage buildings, storehouses, heating plants, garages, gatehouses, sewage treatment structures and the like.

(c) Sprinkler installations shall conform with the standards of the National Board of Fire Underwriters for Light Hazard Occupancy, except for certain modifications with respect to pipe sizes, and sprinkler head spacing as indicated on encl. A, B, and C. All portions of a sprinklered building shall be so protected, such as blind attics, excavated basements and small enclosures under stairways.

(d) The provision of sprinkler protection shall in no way alter present fire protection requirements, is not in lieu of, but in addition thereto. The protection now required, such as fire stops, stand-pipes and hose, fire extinguishers, and fire-fighting organizations and equipment, shall continue to be provided.

2. The drawings forwarded herewith as encl. A, B, and C refer to temporary ward buildings and connecting corridors only. Where sprinklers are considered necessary in other buildings as enumerated in paragraph 1 (b) above, they shall be laid out in accordance with the recommendations of the National Board of Fire Underwriters as stated in enclosure D. Enclosure A, B, C, and D together with the following comments are furnished for information and guidance in preparing plans and specifications:

(a) Dry pipe valves and systems should be omitted in climates not subject to freezing weather.

(b) Typical plans for the corridors indicate the maximum spacing of the heads and special spacing at the fire stops. In connecting corridors with pitched roofs having sheathed ceilings, sprinklers should be installed below the ceiling and in the concealed space. Precautions should be taken as necessary to eliminate the possibility of freezing in concealed spaces.

(c) The design of the system indicated on enclosures A, B, and C assumes the opening of not more than 20 heads in the early stages of any fire. A flow of 300 gallons per minute is contemplated at residual pressure of 15 pounds per square inch at the top line of the sprinklers. The sprinkler lines should be installed essentially as shown on enclosures A, B, and C.

(d) It will be noted on enclosures A, B, and C, that two lines of sprinklers will suffice on the first floor in an open ward and three lines in the attic where pitched roofs occur. Where wards are arranged on both sides of a center corridor, three lines will be necessary, one for each row of rooms and one for the corridor.

(e) If a dry pipe system is to be provided for the attic, it should be supplied from a dry pipe valve near the alarm valve. One dry pipe valve should be provided for each four wards or less and be connected to an outside water motor gong.

(f) One alarm valve should be installed for four wards or less with an outside water motor gong near the valve. The same water motor gong may serve for both the wet system and the dry system.

(g) Outside screw and yoke sectional control valves should be provided in the four-inch supply main in the corridor essentially as shown on enclosures A, B, and C.

(h) All automatic devices shall be of a type and make labelled or listed by the Underwriters Laboratories, Inc., and shall have had at least 1 year's successful service record.

3. Where sprinkler protection now exists in subject buildings, the details of the installation should be checked for compliance with the requirements of paragraph 2 above. If such existing installations are below the requirements established in paragraph 2 above, necessary modification shall be included in the project.

4. Addressees are directed to submit to BuMed a public works project for subject installation conforming with the policy set forth in paragraph 1 above, and with reference (b). The preparation of plans, specifications and detailed estimates shall be requested of the district commandant. By copy of this letter, district commandants are requested to have such data prepared by district Public Works forces or to submit recommendations to BuDocks relative to authorization for Architectural and Engineering Service contracts if it is impracticable to perform this work by district public works forces. In this connection, attention is invited to the existence of trained and experienced fire protection engineers in the offices of the superintending civil engineers of the various public works areas who are available for consultation in accordance with reference (c). In forwarding the project to the Bureau of Medicine and Surgery for sponsorship, attention is invited particularly to the requirements of reference (d) for the preparation of the new project check-off list.—*Ross T McIntire—L. B. Combs.*

45-2—Hospital Patients; Transportation of Via the Naval Air Transport Service

P16-3/A21(071); 8 Jan. 1945

To: NDs and RivComs

- Ref.: (a) BuMed ltr. P16-3/A21 (071), 12 Oct. 1944.
(b) BuPers circ. ltr. 367-44 (N. D. Bul. 44-1398).
(c) BuPers ltr. 6303-DW-3 L20-1, 29 Dec. 1944.
(d) BuPers ltr. 6303-DW-1 L20-1, 27 Dec. 1944.
(e) CNO ltr. Op-36-C-4 vv 12/27 Serial 515636, 27 Dec. 1944.

- Encl.: A. (HW) Copy of reference (e).
B. (HW) Revised enclosure B of reference (a).
C. (HW) Revised enclosure C of reference (a).

1. Reference (a) sets forth the basic procedures necessary to insure complete cooperation between the medical officers in command of naval hospitals, the district medical officers, and NATS in the transportation of hospital patients by air between naval hospitals within the continental limits of the United States. Since the publication of reference (a), the method of processing orders for patients and attendants has been modified by the issuance of reference (b) which permits the preparation and signing of these orders by medical officers in command of the various naval hospitals where prior authorization for the transfer has been obtained from BuMed. Approved samples of these orders are published in reference (c) and are distributed for the information and guidance of the medical officers in command of naval hospitals to insure uniformity of order preparation.

2. Reference (d) authorizes the issuance of class II priority for the transportation of patients and attendants via NATS and certifies a class III priority for the return of the attendants via NATS.

3. A revised schedule of hospital flights to become effective 10 January 1945 issued by CNO (NATS) as enclosure (A) of reference (e) is appended as enclosure A. Enclosure A of reference (a) is therefore canceled as of the effective date of the new schedule.

4. Enclosure B (Directory of Naval Air Transport Officers), and enclosure C (Directory of Suitable Airports Adjacent to Naval Hospitals) of reference (a) are hereby revised and reissued as enclosures B and C.—Ross T McIntire.

Enclosure A

Op-36-C-4 vv 12/27.

Serial 515636.

NAVY DEPARTMENT,
OFFICE OF THE CHIEF OF NAVAL OPERATIONS,
Washington, 27 December 1944.

From: Chief of Naval Operations.

To: Commander, Naval Air Transport Service, West Coast.
Commander, Naval Air Transport Service, Atlantic.

Subj.: Hospital Schedule, Revision of.

Encl.: (A) NATS Hospital Schedule effective 10 Jan. 1945.

1. The schedule of hospital flights appended hereto is approved effective 10 January 1945.

C. H. SCHILDKHAUER.
By direction

CC: BuMed

VR-1

VR-3

VR-5

NAVAL AIR TRANSPORT SERVICE
Hospital Schedule Effective 10 Jan. 1945

[*=Meal stop; F=Flag stop; G=Gas stop]

Read Down—All Schedules

TRANSCONTINENTAL

	East-bound*	#350 Monday, Wednesday, Friday, Saturday, Sunday	#352 Tuesday, Thursday
PWT.	Lv. Oakland (Municipal).....	1100	2100
Ar.	Los Angeles (area).....	1315	2315
Lv.	Los Angeles.....	1845	2345
	Oceanside (Pendleton).....	(F)	(F)
	San Diego (Lindbergh).....	(F)	(F)
MWT.	Ar. Phoenix (Sky Harbor).....	*1700	0300
Ar.	Lv. Phoenix.....	1745	0330
	El Paso.....	(G)	(G)
CWT.	Ar. Fort Worth (Meacham).....	*0035	1020
Ar.	Lv. Fort Worth.....	0135	1100
	Corpus Christi (NAS).....	(F)	
	Memphis (NAS).....	(F)	
	Norman (NAS).....		
	Ar. Olathe (NAS).....	0435	1400
	Lv. Olathe.....	0520	
	Ar. Chicago (Municipal).....	*0755	(F)
	Lv. Chicago.....	0840	
EWT.	Cleveland (Municipal).....	(G)	
	Columbus (NAF).....	(G)	
	Sampson NTS (Rochester).....	(F)	
	Norfolk (NAS).....	(F)	
	Washington (National).....	(F)	
	Philadelphia (NAS).....	(F)	
	Boston (General Logan).....	(F)	
EWT.	Ar. New York (Floyd Bennett).....	1440	

To connect #354
on request #350

CWT.	Lv. Fort Worth (Meacham).....	0135	
Ar.	New Orleans (Municipal).....	0450	
Lv.	New Orleans.....	0520	
	Pensacola (Corry).....	(F)	
EWT.	Ar. Jacksonville (NAS).....	0620	
Ar.	Lv. Jacksonville.....	0950	
	Charleston, S. C. (Army).....	(P)	
	Ar. Dublin, Ga. (Dublin) (Alternate—Macon).....	1115	
	Lv. Dublin.....	1200	
CWT.	Ar. Olathe.....	1800	

	West-bound	#351 Monday, Tuesday, Wednesday, Friday, Sunday	#353 Friday, Sunday
EWT.	Lv. New York (Floyd Bennett).....	1100	
CWT.	Ar. Chicago (Municipal).....	*1400	
	Lv. Chicago.....	1525	
	Ar. Olathe (NAS).....	1820	
	Lv. Olathe.....	1920	0700
	Ar. Fort Worth (Meacham).....	*2240	
	Lv. Fort Worth.....	2340	
MWT.	Ar. Phoenix (Sky Harbor).....	0445	*1250
Ar.	Lv. Phoenix.....	0515	1235
PWT.	Ar. Oakland (Municipal).....	0850	1710

NAVAL AIR TRANSPORT SERVICE—Continued

Hospital Schedule Effective 10 Jan. 1945—Continued

[*=Meal stop; F=Flag stop; G=Gas stop]—Continued

Read Down—All Schedules—Continued

WEST COAST		EAST COAST	
South-bound	#550 Monday, Wednesday	South-bound (on request only)	#114
Lv. Seattle (NAS).....	0700	Boston (General Logan).....	(F)
Bremerton (KITSAP).....	(F)	New York (Floyd Bennett).....	(F)
Astoria (NAS).....	(F)	Philadelphia (NAS).....	(F)
Ar. Farragut (Coeur D'Alene).....	0900	Washington (National).....	(F)
Lv. Farragut.....	1000	Quantico (MCAS).....	(F)
Ar. Oakland (Municipal).....	1420	Patuxent River (NAS).....	(F)
Lv. Oakland.....	1450	Cherry Point (MCAS).....	(F)
Ar. Corona (Ontario).....	1720	Charleston, S. C. (Army).....	(F)
Lv. Corona.....	1750	Dublin, Ga. (Dublin).....	(F)
Ar. Los Angeles (area).....	1805	Jacksonville (NAS).....	(F)
Oceanside (Pendleton).....	(F)		
San Diego (Lindbergh).....	(F)		
North-bound		North-bound (on request only)	
	#551 Tuesday, Thursday	#115	
San Diego (Lindbergh).....	(F)	Jacksonville (NAS).....	(F)
Oceanside (Pendleton).....	(F)	Dublin, Ga. (Dublin).....	(F)
Lv. Los Angeles (area).....	0900	Charleston, S. C. (Army).....	(F)
Corona (Ontario).....	(F)	Cherry Point (MCAS).....	(F)
Ar. Oakland (Municipal).....	*1130	Patuxent River (NAS).....	(F)
Lv. Oakland.....	1230	Quantico (MCAS).....	(F)
Klamath Falls (NAS).....	(F)	Washington (National).....	(F)
Farragut (Coeur D'Alene).....	(F)	Philadelphia (NAS).....	(F)
Astoria (NAS).....	(F)	New York (Floyd Bennett).....	(F)
Ar. Seattle (NAS).....	1800	Boston (General Logan).....	(F)

NOTE.—South-bound departure time from Seattle will be adjusted to maintain scheduled arrival in Oakland.

Enclosure B

DIRECTORY OF NAVAL AIR TRANSPORT OFFICES

POTOMAC AND SEVERN

City	Telephone res.—Info.	Location A. T. O. office	Airport
Washington.....	Republic 6181 Ext. 289.....	Terminal Bldg.....	Washington National.
Patuxent River.....	Great Mills 100.....	Administration Bldg.....	NAS, Patuxent River.

FIRST NAVAL DISTRICT

Boston.....	East Boston 3507.....	Old National Guard Hangar.	General Logan Airport, Boston.
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THIRD NAVAL DISTRICT

New York.....	Navarre 8-2400, Ext. 13, 20, 42.	Administration Bldg.....	NAS, New York (Floyd Bennett).
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FOURTH NAVAL DISTRICT

Philadelphia ...	Harbero 1010 Ext. 53	Operations Bldg	NAS, Willow Grove.
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FIFTH NAVAL DISTRICT

Norfolk.....	Norfolk 28251 Ext. 3356	NATS Bldg.....	NAS, Norfolk.
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SIXTH AND SEVENTH NAVAL DISTRICTS

Jacksonville.....	Jacksonville 2711 Ext. 592.	Hangar adjacent to Opera- tions Bldg.	NAS, Jacksonville.
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DIRECTORY OF NAVAL AIR TRANSPORT OFFICES—Continued

EIGHTH NAVAL DISTRICT

City	Telephone res.—Info.	Location A. T. O. office	Airport
Fort Worth.....	6-7935.....	Navy Ferry Unit Office.....	Meacham Field.

NINTH NAVAL DISTRICT

Chicago.....	Portsmouth 5800.....	5400 West 63d St.....	Chicago Municipal.
Cleveland.....	Orchard 9023.....	PCA Hangar.....	Municipal.
Columbus.....	Ever. 9591 Ext. 24.....	West of Terminal Bldg.....	Naval Air Facility.
Detroit.....	Trenton 1200 Ext. 231.....	Operations Bldg.....	NAS, Grosse Ille, Mich.
Olathe.....	800 Ext. 453.....	Hangar No .21.....	NAS, Olathe, Kans.

ELEVENTH NAVAL DISTRICT

San Diego.....	Henley 3-4141 Ext. 551.....	Operations Bldg.....	NAS, San Diego.
San Pedro.....	Beacon 1948 Ext. 384.....	Operations Bldg.....	NAS, San Pedro.
Los Angeles.....	Orchard 7-6161 Ext. 755.....	Adjacent Douglas Experimental Hangar.	Los Angeles Airport (Mines).

TWELFTH NAVAL DISTRICT

Oakland.....	Sweetwood 7141 Ext. 40.....	Main Hangar.....	NAAS, Oakland.
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THIRTEENTH NAVAL DISTRICT

Seattle.....	Vermont 0550 Ext. 350.....	VR-5 Hangar.....	NAS, Seattle.
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Enclosure C

DIRECTORY OF SUITABLE AIRPORTS ADJACENT TO NAVAL HOSPITALS

POTOMAC AND SEVERN

Hospital	Airport
National Naval Medical Center.....	Washington National Airport.
Bethesda, Md.....	Do.
Annapolis, Md.....	Do.
Quantico, Va.....	MCAS, Quantico, Va.

FIRST NAVAL DISTRICT

Chelsea, Mass.....	General Logan Airport, Boston.
Springfield, Mass.....	Do.
Portsmouth, N. H.....	Do.
Newport, R. I.....	NAS, Quonset.

THIRD NAVAL DISTRICT

Brooklyn, N. Y.....	NAS, N. Y. (Floyd Bennett).
St. Albans, Long Island, N. Y.....	Do.
Sea Gate, Brooklyn, N. Y.....	Do.
Harriman, N. Y.....	Do.
Sampson, N. Y.....	Rochester Airport.

FOURTH NAVAL DISTRICT

Philadelphia, Pa.....	NAS, Willow Grove.
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FIFTH NAVAL DISTRICT

Portsmouth, Va.....	NAS, Norfolk.
Fort Eustis, Lee Hall, Va.....	Do.
NOB, Norfolk, Va.....	Do.
Bainbridge, Md.....	NAS, Willow Grove.
Camp Lejeune, N. C.....	MCAS, Cherry Point.

DIRECTORY OF SUITABLE AIRPORTS ADJACENT TO NAVAL HOSPITALS—Continued

SIXTH NAVAL DISTRICT

Hospital	Airport
Jacksonville, Fla.	NAS, Jacksonville.
Charleston, S. C.	Charleston AAF.
Parris Island, S. C.	Do.
Asheville, N. C.	Asheville-Hendersonville Airport, Asheville, N. C. Alternate—Memorial Airport, Spartanburg, S. C.
Dublin, Ga.	Dublin Airport. Alternate—Herbert Smart Field, Macon, Ga.

SEVENTH NAVAL DISTRICT

Key West, Fla.	NAAS, Boca Chica.
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EIGHTH NAVAL DISTRICT

New Orleans, La.	New Orleans Airport.
Pensacola, Fla.	NAAS, Curry Field.
Corpus Christi, Tex.	NAS, Corpus Christi.
Houston, Tex.	Houston Airport.
Fort Worth, Tex.	Meacham Field, Fort Worth, Tex.
Norman, Okla.	NAS, Norman.
Memphis, Tenn.	NAS, Memphis.

NINTH NAVAL DISTRICT

Great Lakes, Ill.	Chicago, Municipal.
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ELEVENTH NAVAL DISTRICT

San Diego, Calif.	Lindbergh Field, San Diego, Calif.
Santa Margarita Ranch, Oceanside, Calif.	Pendleton Field, Oceanside.
Long Beach, Calif.	Alternate—Lindbergh Field, San Diego.
Corona, Calif.	Long Beach Airport.
Arrowhead Springs Hotel, San Bernardino, Calif.	Ontario, AAF.
Banning, Calif.	Alternate—Los Angeles Airport.
Beaumont, Calif.	San Bernardino AAF.
	Banning Landing Strip.
	Do.

TWELFTH NAVAL DISTRICT

Oakland, Calif.	NAAS, Oakland, Calif. (Oakland Airport).
Mare Island, Calif.	Do.
Treasure Island, San Francisco.	Do.
San Leandro, Calif.	Do.
Shoemaker, Calif.	Do.
Santa Cruz, Calif.	Do.
Yosemite National Park, Calif. Transfer to USNH, Oakland, Calif.	Lindbergh Field, San Diego, Calif.
Glenwood Springs, Colo. Transfer to USNH, Oakland, Calif.	Pendleton Field, Oceanside.

THIRTEENTH NAVAL DISTRICT

Seattle, Wash.	NAS, Seattle
Puget Sound Navy Yard, Bremerton, Wash.	Kitsap County Airport
Astoria, Oreg.	Alternate—NAS, Seattle.
Farragut, Idaho.	NAS, Astoria.
Sun Valley, Ketchum, Idaho. Transfer patients to USNH, Seattle, Wash.	Alternate—Portland, AAF.
Medford, Oreg.	Coeur D'Alene Air Terminal.
Corvallis, Oreg. Transfer patients to USNH, Oakland, Calif.	Medford Army Field.

¹ No suitable airport exists in the vicinity of these hospitals. When partial air transportation is desired, patients will be transferred to the intermediate hospitals mentioned. Under an additional set of orders provided by the intermediate hospital they will be subsequently transferred to their ultimate destination by surface transportation.

45-3—Roentgenographic Examinations of the Chests of Navy and Marine Corps Personnel

P3/P3-1 (054-40); 4 Jan 1945.

To: All ships and stations.

Ref: (a) BuMed ltr. P3-3/P3-1 (054-40), 18 June 1944.

1. Reference (a) is canceled herewith.
2. *Initial chest examination.*—Roentgenographic examination of the chest shall be made as a part of the physical examination to determine physical fitness for original entry into the service and for active duty, also of candidates for entrance to the Naval Academy and of candidates for officer training, either as a part of the examination to determine their fitness for training or upon reporting to the school. Recruits who have received roentgenographic examination of the chest during enlistment or induction with negative findings do not require another upon arrival at a naval training station or marine recruit depot.
3. *Periodic examinations.*—Roentgenographic examination of the chest of all naval and Marine Corps personnel on active duty who have not been so examined during the previous 12 months shall be made at the earliest opportunity. Thereafter, chest examinations of personnel on active duty under the age of 30 shall, if practicable, be made at least once annually. Personnel of any age who have X-ray findings of possible future significance shall receive this examination every 6 months, where possible, using 14- by 17-inch film.
4. *Final chest examination.*—Roentgenographic examination of the chest of all naval and Marine Corps personnel shall be made and the interpretation entered in the health record during the physical examination at the time of release from active duty or discharge from the service unless such an examination has been made and the interpretation recorded in the health record during the previous 6 months.
5. *Equipment.*—All naval and Marine Corps activities with the necessary X-ray equipment shall be considered as available for these examinations, and whenever practicable the examinations shall be made by the photofluorographic technique for conservation of film. Stationary photofluorographic units are located in the navy yards and at other shore stations where the need for such examinations is sufficiently great. The equipment and personnel of each photofluorographic unit will be adequate to examine 125 to 150 persons an hour.
6. *Reexamination.*—Individuals in whom the photofluorographic film discloses abnormal conditions shall be reexamined by means of a 14- by 17-inch film prior to final action in their cases. Transfer to a naval hospital solely for this reexamination is not necessary if means for obtaining it is otherwise available. When individuals are not available for reexamination their commanding officers shall be notified by letter and a copy of this letter forwarded to the Bureau of Medicine and Surgery, preferably with the films and reports. The reexaminations shall be made at the first opportunity and individual reports forwarded to the Bureau of Medicine and Surgery in accordance with paragraph 12 (a) (3).
7. *Causes for rejection.*—Causes for rejection for original entry into the service shall be as follows:
 - (a) Any evidence of reinfection (adult) type tuberculosis, active or in-

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active, other than slight thickening of the apical pleura or thin solitary fibroid strands.

(b) Evidence of active primary (childhood) type tuberculosis.

(c) Extensive multiple calcification in the lung parenchyma, or massive calcification in the hilus, or any calcification of questionable stability.

(d) Evidence of fibrous or serofibrinous pleuritis, except moderate dia-phragmatic adhesions with or without blunting or obliteration of the costophrenic sinus.

(e) Other disqualifying defects demonstrable by a roentgen examination of the chest. (See par. 2163, Manual of the Medical Department.)

NOTE.—When recording interpretations, the word "negative" should be used only when the lung fields are without abnormality; defects considered not disqualifying should be fully described and noted as not considered disqualifying.

8. *Disposition of recruits.*—All recruits found to have tuberculosis or other disqualifying defect during the physical examination made at a training station (or other station) to determine fitness for active duty shall be invalidated from the service. The condition will be considered as existing prior to enlistment and not in the line of duty. These cases will be discharged after approval of the recommendation of a board of medical survey by the proper authority, without prior approval by the Bureau of Medicine and Surgery and the Bureau of Naval Personnel, or in the case of the Marines, the Commandant, United States Marine Corps. Report of medical survey stating the action taken and date shall be forwarded in quadruplicate to the Bureau of Medicine and Surgery.

9. *Disposition of personnel at periodic examination.*—Causes for further clinical study, treatment, and disposition of personnel in the service other than recruits shall be those stated in paragraph 7. The extent of the clinical study required shall be determined in the individual instance by the medical officer who has cognizance of the case. Each case shall be disposed of on its own merits and with a view to the effects of hardships incident to active service on the lesions under consideration.

10. *Disposition of personnel at time of release from active duty or separation from the service.*—Individuals with X-ray evidence of chest pathology in which there is reason to believe that active disease may be present shall be hospitalized for further study with a view to definite establishment of their physical status prior to release from active duty or discharge.

11. *Recording results.*—The results of roentgenographic examinations of the chest shall be recorded and forwarded as follows:

(a) *Laboratory log.*—An accurate log of photofluorographic examinations of the chest shall be kept by the station at which the examinations are made. This record shall contain the name in full, service number, date and place of birth, date the examination was made, the number of the film, the interpretation, and the name of the roentgenologist. This log shall be initialed daily by the medical officer in charge of the unit who shall be responsible for the accuracy of the entries. The data on log can be used to record examinations on NavMed H-8 (Medical History Sheet) of the Health Record.

In the case of mobile photofluorographic units, the log for each station shall be left with the station where the examinations were made.

In the case of stationary photofluorographic units, the log used for the examination of the personnel of another ship or station shall be retained where the examinations were made.

(b) *Identification of film.*—Upon each film must appear the following data:

- (1) Station symbol of the station on which the examination is made, as listed in the Navy Filing Manual.
- (2) The film number.
- (3) The date.

(1)	(2)	(3)
Example:	"NY1-09,099	8-5-45"

In addition to the above, mobile photofluorographic units shall enter the symbol of the unit.

In order that films filed in rolls may be quickly found upon request, it is essential that all photofluorographic film be numbered in consecutive numerical order. This will necessitate a change in the numbering system used in a small minority of the stations. Numbering should progress from 1 to 99,999, and then repeat.

When 14 by 17-inch films are made, the same data shall be entered, and whenever possible, the same film number should be used which appears on the corresponding photofluorogram.

(c) *Health record.*—The place, date, film number, and report of the interpretation shall be entered on NavMed 8 (Medical History Sheet) of the Health Record. The station and film number mentioned above must be entered without fail, for without this information the film cannot be located in the files.

12. Films shall be forwarded to the Bureau of Medicine and Surgery as follows:

(a) *At naval activities other than naval recruiting stations and armed forces induction centers.*

(1) All 35-millimeter photofluorographic film shall be joined together in a continuous roll for each period of time covered. In this connection, splicing should be done with a view to permitting ready passage of the finished roll through the viewer. Splicing is easily done by scraping the emulsion from a narrow strip at the ends of the strips of film and using acetone as the adhesive. Films which show positive findings, or which are considered to be technically unsatisfactory, shall be left in the roll. Technically unsatisfactory films shall be defaced by crossed lines made with a colored wax pencil or other means. The roll shall be forwarded to the Bureau for review, together with individual reports of all 14 by 17-inch X-ray examinations made for persons whose photofluorograms are in the roll. In addition there shall be submitted a Report of Photofluorographic Chest Survey as prescribed by paragraph 18 below.

The roll of films, the reports of 14 by 17-inch films, and the Report of Photofluorographic Chest Survey shall be forwarded to the Bureau of Medicine and Surgery in one package addressed "Attention of Tuberculosis Control Section." Shipment may be made weekly or semimonthly. When films made for the personnel of more than one activity are joined in the same roll, separate Reports of Photofluorographic Chest Survey should be forwarded for each activity concerned.

(2) Four by five-inch photoroentgenograms, identified in accordance with paragraph 11 (b), shall be forwarded to the Bureau for review. They need not be joined into a roll, but shall be placed in consecutive numerical order. They should be forwarded at the intervals, and accompanied by the required reports, listed above. Upon completion of the review the films will be returned to the station for filing. They shall be filed for a minimum period of 4 years, available upon request.

(3) Fourteen by seventeen-inch roentgenographic films, identified in accordance with paragraph 11 (b), shall not be forwarded to the Bureau but shall be filed at the station where the examinations were made for a period of not less than 4 years. An individual report for each person so examined shall be forwarded for file and shall contain the date and place of examination, the name of the examinee in full, the service number, the date and place of birth, the interpretation, the signature of the roentgenologist, disposition of the case, and the station symbol and number of the corresponding photo-fluorogram when one has been made.

(b) *Examinations made under contract.*—When roentgenological examinations of the chest are made under contract, such film shall be interpreted by a naval medical officer and the disposition of films and reports shall be in accordance with the foregoing. In this connection such film should not be forwarded to the Bureau of Medicine and Surgery until the interpretations have been recorded and the reports prepared.

(c) *At naval recruiting stations and armed forces induction centers.*—Roentgenographic films of the chest of individuals examined at naval recruiting stations and armed forces induction centers shall be securely stapled to the copy of NavMed H-2 (Physical Examination) and forwarded to the Bureau of Medicine and Surgery for file.

13. *Report of Photofluorographic Chest Survey (NavMed 618).*—This report shall be forwarded to the Bureau of Medicine and Surgery with each roll or package of film described in paragraph 12 (a) and (b) above. The following form shall be used and prepared locally until such time as it is listed in the Naval Medical Supply Catalog.

NavMed-618 MEDICAL DEPARTMENT, U. S. NAVY

PHOTOFLUOROGRAPHIC CHEST SURVEY

Photofluorogram _____ to _____ Date _____

A. Station (Ship) _____

Station complement _____

Number requiring photofluorogram _____

Number reexamined because of technically unsat. film _____

Number reexamined by 14 by 17 roentgenogram _____

Number disqualified or referred for further clinical study _____

Tuberculosis _____

Other (itemize) _____

NOTE.—Include section B when the survey includes the enrollment of a school.

B. Name of school _____

School enrollment _____

Number requiring photofluorogram _____

Number examined by photofluorogram _____

Number reexamined because of technically unsat. film _____

Number reexamined by 14 by 17 roentgenogram _____

Number disqualified or referred for further clinical study _____

Tuberculosis _____

Other (itemize) _____

(MC), USN

14. *Requests for films.*—When a request is made of the Bureau to forward a photofluorogram, such request shall include the name in full, file or serial number, date and place of birth, station at which the examination was made, film number, and date of the examination.—*Ross T McIntire.*

45-4—Reporting of Silicosis Cases to United States Employees' Compensation Commission

P2-4/LL(062-39); 5 Jan. 1945

To: NYDs.

Ref.: (a) U. S. Employees' Compensation Commission Regulations as amended to 30 Jun. 1939. Sec. 2.10.

1. There are indications that in some navy yards official reports have not been made to the United States Employees' Compensation Commission on employees whose chest X-rays show various stages of silicosis and who are or have been exposed to silica dust while employed in the yard. Presumably these cases, many of which have had attention called to them through the practice of making periodic examinations, have not been reported because there has not been any physical disability or loss of time.

2. It is requested that an official report on E. C. C. Form CA-2 and a medical report on E. C. C. Form CA-20 be prepared and forwarded at once on all unreported and new cases whose occupational history or exposure and chest X-ray establish or suggest a diagnosis of any stage of silicosis.

3. After review of these cases the Commission may request further information including a 14- by 17-inch X-ray film of the employee's chest.

4. It is requested that special efforts be made in the preparation of these reports to allay unnecessary anxiety among these employees.—*Ross T McIntire.*

45-5—Subsistence Charges—United States Coast Guard Officers and Commissioned Corps, United States Public Health Service; Local Collection of

ET14/A3-1(081-40); 9 Jan. 1945

To: NavHosp (All types Continental).

Ref.: (a) BuMed cir. ltr. 5-22-44.
(b) BuMed ltr. ET14/A3-1(081-40) 11 Nov. 1944.
(c) Art. 2150-17 (d) (2) (e), BuSandA Memoranda.

1. The Bureau has noted in numerous instances that addressees are not complying with the instructions contained in reference (a) and paragraph 3 of reference (b), which require that charges for subsistence of Coast Guard officers be collected locally.

2. In compliance with the instructions in references (a) and (b), charges for subsistence furnished all United States Coast Guard officers, including the Women's Reserve, while patients in a naval activity, shall be collected

locally from the individual at the rate specified in the annual Naval Appropriation Act. Such collections shall be made in accordance with the instructions contained in reference (c). Funds collected shall be deposited with the disbursing officer for ultimate credit to the appropriation charged with maintaining the mess, prior to the close of business on the last day of the month. Addressees shall report detailed data, applicable to these patients, on line 6 of section G of the monthly Ration Record NavMed HF-36. Detailed reports of hospitalization are not required.

3. Charges for subsistence furnished officers of the Commissioned Corps of the United States Public Health Service, while patients in a naval activity, shall also be collected locally in accordance with the above instructions. Detailed data, applicable to these patients, shall be reported on line 7 of section G of the monthly Ration Record, NavMed HF-36. Detailed reports of hospitalization are not required.—*Ross T McIntire.*

JOINT LETTER: BUMED—BUPERS

45-6—Information and Instructions Relative to Transfer of Enlisted Personnel to Naval Hospitals or Hospital Ships for Treatment, or to Receiving Ships or Receiving Stations Upon Completion of Hospitalization, Concerning Disciplinary Action Taken or Pending

BuMed, P16-3/P3-2; Pers, P16-3/MM; 9 Jan. 1945.

To: All ships and stations.

1. A great number of reports of medical survey received in the Bureau of Naval Personnel contain incomplete entries relative to the disciplinary status of the personnel concerned and do not give sufficient information to show definitely if disciplinary action has been initiated, completed, or partially completed for the offenses noted. Such incomplete information causes much unnecessary correspondence by the Bureau of Medicine and Surgery and the Bureau of Naval Personnel.

2. To eliminate this condition it is directed that hereafter when enlisted personnel are transferred to a naval hospital or hospital ship, complete information regarding their disciplinary status shall be furnished the hospital or hospital ship. This shall be in the form of a special report signed by the commanding officer. It shall be forwarded in duplicate together with the Hospital Ticket (NavMed-G or NavMed 416) and securely attached thereto. It should include information as to any action pending, the date and nature of the offense, whether trial has been held, and if so, the sentence imposed, any mitigating action, and the date of approval together with the portion of sentence served, if any. If no disciplinary action is pending, a signed statement to that effect shall be made.

3. When enlisted personnel are received in a naval hospital or on board a hospital ship their papers will be checked immediately to assure that there is attached thereto a statement showing the disciplinary status of such personnel. One copy of this statement should be made available to the attending medical officer for attachment to the clinical record of the individual concerned and thus made readily available in the event the individual is brought before a board of medical survey. In the event such a statement is not received with the patient it shall be requested immediately from the activity effecting the transfer.

4. When a report of medical survey is submitted to the Bureau of Medicine and Surgery, great care shall be exercised to assure that full information regarding the person's disciplinary status is shown therein.

5. If an enlisted person who is awaiting disciplinary action is transferred, on completion of hospitalization, to the nearest receiving ship or receiving station or other naval activity to await instructions as to further disposition, such enlisted person shall have such disciplinary action held in abeyance pending action by the Bureau of Naval Personnel and the Bureau of Medicine and Surgery on the recommendation of the Board of Medical Survey.—
L. E. Denfeld-Ross T McIntire.

45-7—Weekly Combined Report of Enlisted Hospital Corps Personnel

MH2-KLW; 9 Jan. 1945

To: NDs (except 14, 15, 17).
RivComs
NavAirTraComs
ServForSubOrdComLantFl
WesSeaFrontier

Encl.: A. (HW) Sample Copy of Subject Report Form. (See LTR 3-30-45.)

1. Effective as soon as practical, but not later than 1 February 1945, addressees shall prepare a weekly combined report of enlisted Hospital Corps as outlined in enclosure A. The original and two copies of this report shall be forwarded by air mail, with the exception of the following activities: First, Third, Fourth, Fifth, and Sixth Naval Districts, Potomac and Severn River Naval Commands. This report will be placed in the mails not later than the closing of office hours on Saturday following the date of report.

2. The purpose of this report is to provide the Bureau of Medicine and Surgery with sufficient information to make nominations for distribution of enlisted hospital corpsmen by rating and technical qualification rather than by name. It is anticipated that BuPers will begin issuing orders to district commandants to transfer hospital corpsmen by rate on or about 12 February 1945. The medical officer is directed to be prepared to expedite nominations of hospital corpsmen to the staff enlisted distribution officer in order that hospital corps ratings will move as directed by BuPers with minimum delay.

3. It is expected that the medical officer of each administrative command will keep a running total of allowances of ratings and technicians by adding the allowances of new activities, increase in complements authorized by BuPers; and deducting from the total all ratings and technicians included in activities inactivated, and decreases in complements ordered by BuPers.

4. Under the headings "Ordered In" and "Ordered Out" please indicate the date of last BuPers orders included.

5. It is not considered practical nor necessary to include a break-down of increases and decreases in technician allowance. However, increases and decreases will be compiled in the same manner as for Hospital Corps ratings, and the allowance shown on each weekly report adjusted accordingly.

6. At the present time hospital corpsmen are excepted from provisions of BuPers shore duty surveys and interchange programs between naval districts and fleets maintained for ratings other than Hospital Corps. However, BuMed is requesting BuPers to modify current directives to include hospital corpsmen under the provisions of shore duty surveys modified to the extent that in case of hospital corpsmen they will be reported to the Commandant in lieu of transfer to a receiving ship or station. It is expected that hospital corpsmen so reported will be utilized in filling BuPers orders for transfer of hospital corpsmen destined for duty outside the continental limits of the United States insofar as is possible and consistent with the needs of the service as a whole.—*Ross T McIntire.*

45-9—Graduate Training in Medical Specialties

P11-1/OM, 12 Jan. 1945

To: NavHospitals.

Encl.: A. (HW) Information booklet (available on request).
B. (HW) Residency application forms (available on request).

1. Recognized internships have been established in United States naval hospitals for many years. In order further to utilize and promote educational facilities for medical officers it is desirable to obtain formal recognition of the "residency" type of graduate medical training in the naval hospitals. This would be applicable to officers serving as ward officers and others.

2. Certain general standards of hospital organization, equipment, and management are formerly recognized jointly by the Council on Medical Education and Hospitals of the American Medical Association and the American boards in the specialties as affording approved graduate training in the several medical specialties. The American College of Surgeons and the American College of Physicians likewise have established standards or views on graduate training in surgery and medicine respectively.

3. Naval hospitals generally meet these standards, and where deficiencies exist it should be readily possible to overcome these in the majority of the specialties.

4. It is directed that formal approval for such graduate training in the medical specialties be obtained by naval hospitals wherever possible, so that these may be officially listed.

5. Medical officers assigned to duty in naval hospitals that have been thus formally approved for the "residency" type of graduate training may subsequently submit the periods of time served in requesting credit for special training before the American boards, the colleges, or other organizations and institutions.

6. An information booklet outlining the minimum of requirements for residencies and the necessary application forms for the medical and surgical branches are enclosed with this letter. Completed forms are to be returned via the Bureau of Medicine and Surgery.

7. Representatives of the Council on Medical Education and Hospitals of the American Medical Association and of the American College of Surgeons may be expected to visit and inspect hospitals qualifying by application at a reasonably early date following application.—*Ross T McIntire.*

45-10—Naval Air Transport Hospital Schedule; Change in*P16-3/A21(071); 12 Jan. 1945*

To: NDs and RivComs (Continental)

Ref.: (a) BuMed ltr, P16-3/A21(071), 3 Jan. 1945.

1. The Bureau has been advised of the following changes in subject schedule, enclosure A of reference (a):

(a) Transcontinental, westbound flight No. 353. Change departure time Phoenix from 1235 to 1335.

(b) (1) West Coast, southbound flight No. 550. Change to 546.

(2) West Coast, Northbound flight No. 551. Change to 545.—*Ross T McIntire.*

JOINT LETTER: BUPER-BUMED**45-11—Authorizing Medical Officers in Command, Naval Hospitals and Naval Special Hospitals to Take Final Action on Certain Reports of Medical Survey Without Prior Reference to Bureau of Medicine and Surgery and Bureau of Naval Personnel***RESTRICTED: Pers 66-ELH, P3-5; 12 Jan. 1945*

To: NavHospitals (all Types Continental).

Refs.: (a) BuPers-BuMed Joint ltr, 21 Nov. 1944.

(b) BuPers Dispatch 231543, May 1941.

(c) BuPers ltr. Nav-66-FLF P19-1 (824), 10 Jan. 1942.

(d) Paragraph 3318, Manual Medical Dept.

1. References (b) and (c) are hereby canceled.

2. The growth of the Navy has rendered advisable decentralization of action on certain reports of medical survey in the cases of all personnel in the Navy except officers, midshipmen, and enlisted personnel in officer candidate programs, including aviation cadets. This will expedite action on certain reports of medical survey and will vacate hospital beds which are occupied by personnel awaiting administrative disposition.

3. Subject to the exceptions outlined in paragraphs 2, 4, and 5, addressees are hereby authorized to take final action on reports of medical survey as follows:

(a) When board of medical survey recommends transfer of a psychotic patient to another naval hospital or to the United States Public Health Service Hospital, Fort Worth, Tex., or St. Elizabeths Hospital, Washington, D. C.

(b) When a board of medical survey recommends discharge and:

(1) The individual concerned presents a physical or mental disability, except as provided in paragraph 4 (d). In psychotic cases, the provisions of reference (d) shall be complied with.

(2) The individual concerned presents a personality defect, such as constitutional psychopathic inferiority, constitutional psychopathic states, personality disorders, or temperamental unadaptability, except as provided in paragraphs 4 (d) and 4 (h) (4).

(c) When the individual concerned is on the retired list and the board of medical survey recommends release to inactive duty.

(d) In connection with subparagraph (b) above, action for discharge is authorized only when the character of discharge is honorable (Form

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NavPers 660), or under honorable conditions (Form NavPers 661), and the reason for discharge is "Medical Survey."

4. All cases other than those listed in paragraph 3 above, and including the following, shall be forwarded to BuPers via BuMed for final action.

(a) Those involving Fleet Reservists and other enlisted personnel who have completed 10 or more years' active naval service.

(b) Where the medical officer in command considers that the individual concerned should be discharged by reason of unsuitability, inaptitude, or unfitness rather than by reason of medical survey.

(c) Those involving individuals only partially disabled who are physically qualified for retention on limited duty and the disability has resulted from wounds received in action or disease incurred in combat areas as provided for in reference (a).

(d) Those involving an individual who has disciplinary action pending, or an individual recommended for discharge because of a personality defect (as defined in paragraph 3 (b) (2)) who has had a GCM or more than one SCM.

(e) Those involving a disability which is considered by the board of medical survey to have been the result of the individual's own misconduct.

(f) Those in which the individual concerned submits a statement in rebuttal; or when discharge is recommended because the individual concerned refuses surgical operation for an incapacity which is correctible and should be corrected under the provisions of General Order 211.

(g) Those involving transfer to a hospital other than a naval hospital except in accordance with paragraph 3 (a).

(h) Any case having one of the following diagnoses:

- (1) No disease.
- (2) Chronic alcoholism.
- (3) Drug addiction.

(4) Constitutional psychopathic state with sexual psychopathy or sexual perversion.

- (5) Combat or operational fatigue.
- (6) Malaria and filariasis.

5. The addressees are not authorized to effect the discharge, based upon a report by a board of medical survey, of any individual who should be discharged by reason of unsuitability, inaptitude, or unfitness rather than by reason of "Medical Survey." In any case where reason for such a discharge exists, or in the case of any individual who has disciplinary action pending, the addressees are directed to forward the report of medical survey to BuPers via BuMed for final action.

6. The authority granted herein is not intended to restrict the medical officer in command from referring any case in which he is authorized to take independent action to BuPers via BuMed if he deems such procedure advisable.

7. When final action is taken on reports of medical survey in accordance with paragraph 3 of this letter, the original and one copy of the report should be forwarded to BuMed.

8. The provisions of this directive modify certain provisions of BuPers and BuMed manuals and any such regulations in conflict with this directive are hereby modified upon authorization of the Secretary of the Navy—*Randall Jacobs and Ross T McIntire*.

JOINT LETTER : BuPers-BuMed

45-15—Policy Regarding Disposition of Enlisted Men of the Naval Service
Disabled in Line of Duty

RESTRICTED : Pers-66-IG, 20 Jan. 1945

To : NavHosp (all Types Continental)

Refs: (a) BuPers C/L 14-45, Pers-66-IG P16-3/MM 15 Jan 1945.

(b) BuPers-BuMed Joint ltr. 21 Nov. 1944.

(c) BuPers-BuMed, Jt. Ltr., 12 Jan. 1945.

1. Reference (a) which appears in the 15 January 1945 Navy Department semimonthly bulletin cancels reference (b).

2. It is directed that paragraph 4 (c) of reference (c) be corrected as follows:

Delete, "and the disability has resulted from wounds received in action or disease incurred in combat areas as provided for in reference (a)."—*Ross T McIntire and L. E. Denfeld.*

45-16—Hospital Corps Enlisted Personnel in Medical Department Specialties, Training of

P11-1/MM(013-43); 20 Jan. 1945

To : NavHosp.

All Activities Training Hospital Corps Enlisted Personnel.

Refs.: (a) Par 517 and 518, MMD.

1. In order to provide hospital corpsmen trained in medical department specialties, it is necessary, from time to time, to order men to the activity under your command for special instruction.

2. Hospital corpsmen so ordered are in addition to the authorized complement. List these men on the reverse of NavMed HC-4 under the heading "Under Instruction," giving their names, rate, date of commencement of instruction and date of completion of instruction.

3. On and after 12 February 1945, should any man designated for instruction fail to show aptitude for the specialty, he shall be reported immediately to the commandant or administrative command concerned for reassignment.

4. When hospital corpsmen are placed under instruction, NavMed HC-8 cards shall be forwarded immediately to BuMed, and a copy to the commandant or administrative command concerned, showing the date placed under instruction together with other data indicated on the card.

5. Two weeks prior to graduation and qualification as technician, official notification listing the names and rating, arranged by technical specialty, shall be forwarded to this Bureau in order that certificates of qualifications and orders for their assignment to duty may be issued.—*Ross T McIntire.*

45-17—Prerequisites to Training Courses Listed in Catalog of Hospital Corps Schools and Courses, Revised 1944, to Form Basis for Recommendations of or Orders to Enlisted Personnel

P11-1/MM, 20 Jan. 1945

To : All ships and stations

RESTRICTED

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Ref: (a) Catalog of Hospital Corps Schools and Courses, Revised 1944.

Encl: (A) Addendum to Catalog of Hospital Corps Schools and Courses, Revised 1944.

1. Effective 14 February 1945, provisions of enclosure (A) shall form the basis for recommending or ordering hospital corps enlisted personnel to courses of instruction listed in reference (a).

2. Every effort shall be made to locate personnel meeting "Desirable Qualifications" in whole or in part, and personnel shall not be recommended or ordered to instruction who do not meet the "Minimum Qualifications" of enclosure (A).

3. District medical officers shall promptly advise the Bureau in instances where quotas for instruction cannot be filled with personnel meeting at least "Minimum Qualifications."

4. It is directed this letter and enclosure (A) be made a part of reference (a) and referenced in all pertinent communications dealing with training of hospital corps personnel.—*Ross T McIntrie.*

Enclosure (A)

ADDENDUM TO CATALOG OF HOSPITAL CORPS SCHOOLS AND COURSES

Revised 1944

PREREQUISITES TO COURSES LISTED IN CATALOG OF HOSPITAL CORPS SCHOOLS AND COURSES

Revised 1944

(Motivation and aptitude will be considered in all cases)

Minimum qualifications

(Equivalent qualifications will be acceptable.)

Desirable qualifications

(In addition to "Minimum Qualifications," "Desirable Qualifications" have been established on an average level. Higher qualifications are desirable in every instance.)

HOSPITAL CORPS CERTIFICATE (reference (a) p. 6)

- (a) Selection at recruit training stations.
- (b) Direct enlistment as HA2c, USNR.
- (c) Change of rate—

2 years high school.

High-school graduate.

Recommendation of MO.

Special training in related fields (or striker).

BuMed approval when indicated in accordance with current instructions.

The Hospital Corps certificate or its equivalent is one of the prerequisites to all other courses.

CERTIFICATE IN AVIATION MEDICINE (reference (a) p. 7)

Men only.
2 years high school.

Typing.
High-school graduate.

CERTIFICATE IN CLERICAL PROCEDURES (reference (a) p. 8)

High-school graduate.
Typing.

Business school or business experience.
High-school graduate.
Stenography.
Office experience.

CERTIFICATE IN CLINICAL LABORATORY TECHNIC (reference (a) p. 9)

High-school graduate (including course in chemistry or physics or biology).
2 years high school and significant laboratory experience.

Laboratory experience.
Pre-med courses.
College graduate.
Pharmacists (graduate).

CERTIFICATE IN COMMISSARY (reference (a) p. 11)

2 years high school.

High-school graduate.
Business experience.

CERTIFICATE IN DEEP-SEA DIVING (reference (a) p. 12)

Men only.
Physically qualified.
2 years high school.
Volunteer.

High-school graduate.

CERTIFICATE IN DENTAL TECHNOLOGY (GENERAL) (reference (a) p. 13)

2 years high school.
Recommended by dental officer

High-school graduate.
Dental experience.

CERTIFICATE IN DENTAL TECHNOLOGY (PROSTHETIC) (reference (a) p. 14)

2 years high school.
Manual dexterity.
Mechanical ability.
Recommended by dental officer.

High-school graduate.
Dental (prosthetic) experience.
Dental technologist (general).

CERTIFICATE IN DERMATOLOGY AND SYPHILOLOGY (reference (a) p. 15)

High-school graduate.

Nursing experience.

CERTIFICATE IN DUPLICATION TECHNIC (reference (a) p. 16)

2 years high school.
Print-shop experience.

High-school graduate.
Printer or related trade.

CERTIFICATE IN ELECTROCARDIOGRAPHY AND BASAL METABOLISM (reference (a) p. 17)

2 years high school. High-school graduate.
Mechanical and electrical ability.

CERTIFICATE IN ELECTROENCEPHALOGRAPHY (reference (a) p. 18)

High-school graduate (including course in physics) Mechanical and electrical ability.

CERTIFICATE IN EPIDEMIOLOGY AND SANITATION (reference (a) p. 19)

High-school graduate. Pre-med courses.
College graduate.
High-school biology, mathematics,
and chemistry.

CERTIFICATE IN FEVER THERAPY (reference (a) p. 20)

2 years high school. High-school graduate.
Nursing experience.
Masseur.

CERTIFICATE IN LOW-PRESSURE CHAMBER (reference (a) p. 21)

2 years high school. High-school graduate.
Mechanical ability.

CERTIFICATE IN MALARIOLOGY (reference (a) p. 22)

High-school graduate. High school course in biology.

CERTIFICATE IN MEDICAL FIELD SERVICE (reference (a) p. 23)

Hospital apprentice 2c. First-aid training or experience.

CERTIFICATE IN MEDICAL PHOTOGRAPHY (reference (a) p. 24)

High-school graduate or 2 years high-school and related experience. Related experience (commercial or amateur).

CERTIFICATE IN NEUROPSYCHIATRY (reference (a) p. 25)

2 years high school. High-school graduate.
Nursing experience.

CERTIFICATE IN NEUROPSYCHIATRY CLERICAL PROCEDURES (reference (a) p. 26)

2 years high school. Typing.
Shorthand. High-school graduate.
Office experience.

CERTIFICATE IN OCCUPATIONAL THERAPY (reference (a) p. 27)

High-school graduate.	College training.
2 manual skills (e. g., weaving, pottery, printing, etc.).	Teacher training.
	Related work (e. g., atypical children, blind, deaf, etc.).

CERTIFICATE IN OPERATING ROOM TECHNIC (reference (a) p. 29)

2 years high school.	Hospital experience.
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PHARMACIST'S MATES CERTIFICATE (reference (a) p. 30)

PhM2/c—men only.	PhM1/c.
2 years high school.	High-school graduate.
Age 22 to 35 years.	First-aid experience.
Emotionally stable.	College training.

CERTIFICATE IN PHARMACY—CHEMISTRY (reference (a) p. 31)

Discontinued until further notice.

CERTIFICATE IN PHYSICAL THERAPY (reference (a) p. 32)

2 years high school.	High-school graduate.
	Related experience.

CERTIFICATE IN PROPERTY AND ACCOUNTING (reference (a) p. 34)

High-school graduate.	Business-high-school graduate.
Typing.	College training.
Office experience.	Bookkeeping or/and accounting training.

CERTIFICATE IN SUBMARINE SERVICE (reference (a) p. 35)

High-school graduate.	PhM1/c.
Physically qualified—men only.	Graduate of Hospital Corps School (intermediate course).
Volunteer.	
PhM2/c (qualified for PhM1/c).	First-aid experience.
Emotionally stable.	Experience on duty independent of a medical officer.
Age 22 to 30 preferred. Well-qualified men up to 36 years of age may be selected.	
Minimum requirements as published in current BuPers instructions.	

CERTIFICATE IN X-RAY TECHNIC (reference (a) p. 36)

High-school graduate.	College training.
Mechanically inclined.	High-school or college courses in physics.
	Photography experience (commercial or as hobby).
	Mechanical ability.

45-20—Navy Nurse Corps, Marriage of Officers of

P^y/OG, 23 Jan 1945

To: All ships and stations

Ref.: (a) Alnav 12-45.

1. Reference (a) provides for continuing in the Nurse Corps officers thereof who marry. The following instructions are issued pursuant to this change in policy:

(a) An officer of the Navy Nurse Corps or Naval Reserve Nurse Corps whose surname is changed by reason of marriage or divorce shall submit in duplicate to the Bureau of Medicine and Surgery via official channels a request that her name be changed on the official Navy records. The request shall state full name prior to the marriage reported (as Mary Jane Doe) and the full married name (as Mary Jane Rowe), and shall be signed by the name as given in her appointment to the Nurse Corps. The full name of the husband shall be stated and, if in the military service, his rank or rate and branch of service shall be given. In cases of change of name by divorce, present and former names shall be similarly stated and the request similarly signed. The endorsement of the request by the commanding officer should show that the records under his cognizance have been changed to accord with the change in marital status.

(b) After request for change of name by reason of marriage or divorce has been submitted to the Bureau as provided for above, the officer thenceforth will be known and recorded in all official communications by the name so reported. Receipt of the request will not be acknowledged nor will action be taken by the Bureau other than to effect the necessary changes in records.

(c) There shall be forwarded with the letter request for change of name a properly executed beneficiary slip and a copy of the marriage certificate or divorce decree certified to under seal by the clerk of records of the place where such certificate or decree was issued.

2. When it shall be determined that an officer of the Nurse Corps is or has been pregnant in the naval service, the following procedure shall be adopted to effect separation from the service:

(a) The officer concerned shall be requested to address a letter of resignation to the Surgeon General via official channels. This resignation may reference this letter as the reason for its tender.

(b) There shall be enclosed with this letter of resignation the certificate of a naval medical officer as to the existence of pregnancy. The certificate of a civilian physician will not be accepted.

(c) These papers shall be forwarded with utmost dispatch to the Surgeon General via official channels.

(d) If an officer who is or has been pregnant while in the naval service refuses to submit her resignation, a detailed report of the case, including the certificate of a naval medical officer, shall be forwarded to the Surgeon General via official channels as soon as practicable.

(e) Action will normally be taken in such cases by letter.

(f) Officer of the Nurse Corps separated from the service under the provisions of this letter shall not be eligible for reappointment.

3. Existing regulations and directives governing the administration of the Nurse Corps shall continue to apply equally to all officers of the Corps. Therefore, commutation of quarters is not authorized for married officers of

the Nurse Corps except where public quarters are not available. Married nurses will have the same status relative to assignment and commutation of quarters as single nurses.

4. It is desired that all officers of the Nurse Corps be informed of the contents of this letter in order that they may be fully aware of their responsibilities, the type of separation involved, and the provisions for their welfare.—*W. J. C. Agnew.*

45-21—Inventory Control Program—1945

EN3/L11-2; 23 Jan. 1945

To: NDs and RivComs.

Ref.: (a) CNO ltr. OP-07, CJH: hko Serial 478-07 21 Dec. 1944.

1. Reference (a) directed that commandants review subject program and make recommendations regarding personnel requirements, and further requested the bureaus to transmit to the commandants information that would be of assistance in this connection.

2. (a) Since 1 Jan. 1944, stores control and location records only have been maintained at naval medical supply depots. The combined medical stores ledgers and general ledgers have been maintained by the matériel Division, Bureau of Medicine and Surgery.

(b) Effective 1 July 1944, centralized control of inventory and decentralized control of issue of supplies was established. The Naval Medical Supply Depot, Brooklyn, N. Y., maintains control over the medical stores at the inland depot at Mechanicsburg, Pa., and the medical supply storehouses at Newport, R. I.; Norfolk, Va.; Charleston, S. C., and New Orleans, La. The Medical Supply Depot, Balboa, C. Z., is supplied by Naval Medical Supply Depot, Brooklyn.

(c) The Naval Medical Supply Depot, Oakland, Calif., maintains control over the medical stores at the inland depots at Clearfield, Utah; Spokane, Wash., and the medical supply storehouses at Seattle, Wash.; San Pedro, Calif.; and San Diego, Calif. The Medical Supply Depot, Pearl Harbor, T. H., will be supplied by Naval Medical Supply Depot, Oakland.

(d) Monthly reports are prepared by each medical supply depot and continental storehouse as of the 20th of each month. These reports are forwarded at such time as to arrive in the Matériel Division not later than the first day of the following month, with information as indicated below:

- (1) Stores on hand—beginning of period of report.
- (2) Receipts from contractors and other government agencies.
- (3) Receipts from inter-depot transfers.
- (4) Receipts from returned stores.
- (5) Receipts—miscellaneous (gain by inventory and completed manufacturing orders).
- (6) Issues to ships, stations, overseas storehouses.
- (7) Issues by inter-depot transfers.
- (8) Issues—miscellaneous (loss by inventory, etc.)
- (9) Stores on hand—end of period of report.
- (10) Transfers to Army.
- (11) Items physically separated as surplus material.
- (12) Back orders on stores out of stock.

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These reports constitute a continual running inventory of all medical supplies and equipment on a monthly basis and provide an overall inventory control centralized in the Matériel Division.

3. The foregoing procedure is now operating successfully and satisfactorily. A complete physical inventory has been conducted during the past 12 months at the rate of approximately one-twelfth of all items each month and will continue, so that by 31 Dec, 1945, a complete physical inventory of all medical department stores for issue will have been taken during the calendar year 1945.

4. No additional personnel has been authorized and none is considered necessary. The above inventory program is accomplished by personnel attached to the depots and storehouses.

5. In accordance with enclosure 1 of reference (a) a Manual of Procedure for the preparation of schedules of inventory, is being compiled and will be issued at a later date.—*W. J. C. Agnew.*

45-22—Rehabilitation Program; Equipment and Supplies for Physical Training in

P11-1/P10-1(102); 23 Jan. 1945

To: Nav Hosps (all types continental).

Ref.: (a) BuMed ltr. P11-1/P10-1(102), 23 Oct. 1944.

Encl.: A. (HW) Letter from BuPers enclosing lists of equipment and requisition blanks.

1. Enclosure A has the approval of the Bureau and it shall be used for the guidance of all concerned.

2. All naval hospitals have received both officers and enlisted men for the physical training phase of the rehabilitation program. The place and functions of these officers and men in this part of the program have been outlined in reference (a).

3. Physical training activities, as a whole, should be so planned as to use available space for a maximum number of participants with a minimum amount of equipment. It is not the intention of the Bureau to promote elaborate "varsity" athletic programs for patients. Athletics and games, as a therapeutic measure, for the competition and stimulation, as well as for the physical benefits they provide, should be a part of scheduled activities and should be supervised by physical training personnel, but games of "low organization" and high participation should be used wherever possible. They should be approved by the medical officer for individual patients in the same manner as gymnastics or corrective exercises. Wherever athletics and games are used in physical training, it should be their prime purpose to contribute to the restoration of optimum fitness and to speed return to duty; in no case should a man's discharge from the hospital be delayed to permit participation in athletic contests.

4. Rehabilitation programs usually provide "free time" which may be spent voluntarily in recreational athletics and games. Use of equipment already available in the hospital for welfare and recreation in this connection will tend to utilize the equipment more fully, and does not conflict with the statement in paragraph 4 of enclosure A.

5. A careful study of all aspects of physical training and a survey of existing facilities and equipment in all hospital departments should be made. Space available for installation and/or utilization should be thoroughly investigated. Full consideration should be given to such factors as seasonal and climatic conditions, and the number of patients served by any particular variety of equipment. Minimum requirements should be adhered to in view of shortages of critical materials and extreme difficulties of procurement.

6. Installation of equipment which has been authorized is within the capacity of the maintenance force of the hospital. Certain items such as stands for badminton, volley ball nets, and inversion treads and finger ladders for walls are not readily procurable, but local manufacture is considered feasible. They have, therefore, been omitted from the allowance lists.

7. (a) A copy of each order placed for the items listed in enclosures 1 and 2 of enclosure A shall be furnished the property and accounting officer of the hospital and all deliveries shall be received by the property and accounting officer of the hospital in the usual manner for inspection and accounting purposes.

(b) All items listed in enclosures 1 and 2 of enclosure A shall be taken up and accounted for in the hospital accounting records in accordance with the applicable provisions of current hospital accounting instructions.

(c) All items listed in enclosures 1 and 2 of enclosure A, except Nos. 33, 36, 40, 41, 50, 56, 67, 69, 73, 74, 75, 85, 86, 87, 88, 89, 92, and 93, shall be classified as supplies taken up in the hospital stores account at the invoiced value as transfer vouchers received and immediately expended to use in the usual manner charging general ledger, account 10, Operating Expense, and Expense Analysis Account E111, Recreation Service. The physical material shall be issued to the physical training officer who shall be responsible for proper storage, use and disposition. Survey and return to repair activities as required in paragraph 7 of enclosure A, shall be accomplished by the physical training officer under the direction of the medical officer in command. Such property surveys shall not be reflected in the hospital accounting records in any manner.

(d) The items excepted above from supplies classification shall be classified as equipment, taken up in the hospital equipment account as transfer vouchers received and accounted for and issued to use in accordance with the provisions of current hospital accounting instructions applicable to equipment. Issues to use shall be charged to general ledger account 10, Operating Expense, and Expense Analysis Account E201, Furniture, Furnishings and Equipment Issued. Property surveys covering these items will be held and recorded in the usual manner, except that the recommendation in every case shall be to return them to repair activities in accordance with paragraph 7 of enclosure A.

8. It is directed that the procedures in enclosure A be followed, and that requisitions be submitted as soon as practicable.—*W. J. C. Agnew.*

Enclosure A

Pers-22112-BMB-mg, 12 Jan. 1945

To: Chief, Bureau of Medicine and Surgery;

Subj.: Rehabilitation in Hospitals—Physical training equipment for.

Ref.: (a) BuMed Rehabilitation Directive, P11-1/P10-1(102), 23 Oct. 1944.

1. Reference (a) established a physical training program for patients in navy hospitals. The Bureau of Naval Personnel has agreed to provide personnel and equipment to augment such program. The personnel have been assigned, and equipment will be provided upon receipt of enclosures (1) and (2) properly filled out in triplicate as indicated below.

2. Enclosure (3) indicates the number of units of each item of athletic equipment authorized for 500 men in each individual classification of patient. The number of units needed for each of the four classifications should be totaled and entered on enclosures (1) or (2) (column 5) as the quantity required by each activity.

3. Due to the fact that the demand for items listed on enclosure (1) exceeds the supply, and items of enclosure (2) are of a critical nature, the following methods of determining needs should be used:—

(a) For items of enclosure (1)—Fill in enclosure (1) for present capacity, unless additional facilities will be completed by 30 June 1945. In such case indicate in separate lists those items needed immediately and additional items needed upon completion of facilities showing the date required.

(b) For items of enclosure (2)—Attention is invited to the fact that many of these items are "gymnasium" items which require that they be fastened to the deck, bulkhead, or overhead. Such equipment should not be ordered unless facilities for their use are available or will be available by 30 June 1945.

(c) Orders of equipment for facilities which will be completed after 30 June 1945 should be placed in the same manner as above, 90 days prior to completion date of such facilities.

4. In ordering the above items, attention is invited to the fact that subject equipment is entirely separate from, and should not be confused or physically mixed with, equipment purchased from Welfare Funds (either appropriated or unappropriated), and should be accounted for separately. If, however, equipment is now on board which has been purchased from station funds other than welfare funds, such equipment should be deducted from requirements based on enclosure (3).

5. Upon receipt of enclosure (1) (in triplicate), shipment will immediately be authorized by this Bureau from a naval supply depot. No charge will be made against any individual hospital or welfare appropriation as all items will be shipped to the hospital activity in APA.

6. Upon receipt of enclosure (2) (in triplicate), contracts will be entered into for such equipment for shipment direct from manufacturer as soon as the equipment is available in APA.

7. When items listed in enclosure (1) become worn out, they should be surveyed and sent to repair activities as instructed in the revised Navy Sports

and Recreation Catalog (p. 7), and replacement items ordered by letter from this Bureau accompanied by copy of such survey.

8. It is requested that the Bureau of Medicine and Surgery forward the information contained herein to the medical officers in command of all naval hospitals. It is further requested that submission of requests for equipment be expedited in order to facilitate procurement and distribution.—*L. E. Denfeld.*

Enclosure 1

LIST No. 1—Physical training equipment

[Items stocked by Navy]

Activity.....

Present capacity of hospital Additional capacity by 30 June, 1945.....

(1) Item No.	(2) Stock No.	(3) Description	(4) Unit	(5) Maxi- mum allowance present capacity	(6) Quan- tity on hand	(7) Quan- tity needed at once	(8) Quantity needed for new facilities later
1	37B90	Bags, striking	Each				
2	37B115	Bags, training	do				
3	37B631	Balls, base, for box hockey	dozen				
4	37B631	Balls, base, for regular use	do				
5	37B671	Balls, basket	Each				
6	37B1330	Balls, foot	do				
7	37B1520	Balls, hand	Dozen				
8	37B1617	Balls, medicine, 8 lb	Each				
9	37B1940	Balls, soccer	do				
10	37B1962-14	Balls, soft	Dozen				
11	37B1975	Balls, tennis	do				
12	37B2100	Balls, volley	Each				
13	37B2135	Balls, water polo	do				
14	37B2425	Bases, baseball	Set				
15	37B2440	Bases, softball	do				
16	37B2550	Bats, baseball	Each				
17	37B2556	Bats, softball	do				
18	37C2595	Covers, badminton racket	do				
19	37C2620	Covers, mat, 5' x 10' x 2'	do				
20	37C2645	Covers, mat, 25' x 24'	do				
21	37C2650	Covers, tennis racket	do				
22	37G2025	Gloves, boxing, 14-oz	Set				
23	37G1872	Gloves, baseball, first base, FR	Each				
24	37G1878	Gloves, baseball, first base, reg	do				
25	37G1900	Gloves, baseball, catcher's	do				
26	37G1920	Gloves, baseball, fielder, FR	do				
27	37G1930	Gloves, baseball, fielder, reg	do				
28	37G2770	Gloves, softball, first base, FR	do				
29	37G2772	Gloves, softball, first base, reg	do				
30	37G2782	Gloves, softball, fielder, FR	do				
31	37G2782-10	Gloves, softball, fielder, reg	do				
32	37G2800	Gloves, striking bag	Pair				
33	37G3010	Goals, basketball	do				
34	37G3900	Guards, baseball, leg	do				
35	37H2150	Horseshoes with stakes	Set				
36	37I150	Inflators, foot model	Each				
37	37K395	Kits, racket repair	do				
38	37M125	Masks, baseball, catcher's	do				
39	37M322	Masks, softball, catcher's	do				
40	37M326-400	Mats, 20' x 20' x 3"	do				
41	37M326-600	Mats, 5' x 10' x 2'	do				
42	37N119	Nets, badminton	do				
43	37N120	Nets, basketball goal	Pair				

LIST No. 1—Physical training equipment—Continued

(1) Item No.	(2) Stock No.	(3) Description	(4) Unit	(5) Maxi- mum allowance present capacity	(6) Quan- tity on hand	(7) Quan- tity needed at once	(8) Quantity needed for new facilities later
44	37N140	Nets, tennis	Each				
45	37N150	Nets, volleyball	do				
46	37P210	Plates, home, baseball	do				
47	37P210	Plates, home, softball	do				
48	37P215	Plates, pitcher's, baseball	do				
49	37P215	Plates, pitcher's, softball	do				
50	37P270	Platforms, striking bag ¹	do				
51	37P287	Presses, badminton racket	do				
52	37P287-50	Presses, tennis racket	do				
53	37P290	Protectors, body, baseball	do				
54	37R28	Rackets, badminton	do				
55	37R55	Rackets, tennis	do				
56	37R4485	Ropes, climbing ¹	do				
57	37R4500	Ropes, skipping	do				
58	37R5059	Rule books, basketball	do				
59	37R5075	Rule books, softball	do				
60	37R5076	Rule books, swimming	do				
61	37R5083	Rule books, volleyball	do				
62	37S1876	Shuttlecocks, indoor	do				
63	37S1878	Shuttlecocks, outdoor	do				
64	(L)37S30	Strings, badminton	Coil				
65	(L)37S40	Strings, tennis	do				
66	37S18000	Swivels, striking bag	Each				
67	18W143-100	Watches, stop	do				
68	14-O-3076	Oil, leather, $\frac{1}{4}$ pint can	do				
69	18S1161	Scales, athletic	do				
70	37G2580	Gloves, handball	Pair				

¹ These items require installation. Consideration should be given to this.

Enclosure 2

LIST No. 2—Physical training equipment

[Nonstandard stock]

Activity
 Present capacity of hospital Additional capacity by 30 June 1945

(1) Item No.	(2) Stock No.	(3) Description	(4) Unit	(5) Maxi- mum al- lowance	(6) Quantity on hand	(7) Additional quantity needed
71		Balls, cage 1	Each			
72		Balls, medicine, 4-pound	do			
73		Bars, chinning 1	do			
74		Bars, stall, unit of 3 sections 1	Set			
75		Bicycles, stationary	Each			
76		Clubs, Indian, 1½ pound	Pair			
77		Dumbbells, 1-pound	do			
78		Dumbbells, 2-pound	do			
79		Dumbbells, 3-pound	do			
80		Dumbbells, 5-pound	do			
81		Dumbbells, 10-pound	do			
82		Dumbbells, 25-pound	do			
83		Exercisers, spring	Set			
84		Guides, track and field	Each			
85		Ladders, horizontal 1	do			
86		Machines, rowing 1	do			
87		Machines, wrist, pron. and sup.	do			
88		Manometers	do			
89		Rolls, wrist 1	do			
90		Sticks, "box" hockey 1	Pair			
91		Wands, wooden	Each			
92		Weights, pulley 1	do			
93		Wheels, shoulder 1	do			

¹ These items require installation or large areas. Consideration should be given to this.

*Maximum allowance list (for each 500 patients) physical training equipment***Enclosure B**

Activity

(1) Item No.	(2) Item	Unit	(3) 500-man 1 allowance			(4) Item No.	(5)	(6) Item	Unit	(7) 500-man 1 allowance			(8)
			4	3	2					4	3	2	
1	Bags, striking.	Each	8	10	10	62	Shuttlecocks, indoor	Dozen	Dozen	1½	7½	6	
2	Bags, training.	do	2	2	2	63	Shuttlecocks, outdoor	do	do	½	2½	2	
3	Balls, base, box hockey	Dozen	2	3	3	64	Strings, badminton	Coil	do	25 per hosp.	25 per hosp.	25 per hosp.	
4	Balls, base, regular use.	do	do	do	do	65	Strings, tennis	do	do	8	10	10	
5	Balls, basket.	Each	3	5	2	66	Swivels, striking bag	Each	do	2 per hosp.	2 per hosp.	2 per hosp.	
6	Balls, foot.	do	5	10	8	67	Watches, stop.	do	do	1 per hosp.	1 per hosp.	1 per hosp.	
7	Balls, hand.	Dozen	2	3	4	68	Oil, leather, ½ pint can.	do	do	1 per hosp.	1 per hosp.	1 per hosp.	
8	Balls, medicine, 8-pound.	do	6	6	6	69	Scales, athletic	do	do	12	16	16	
9	Balls, Soccer	do	6	6	6	70	Gloves, handball	Pair	do	1	1	1	
10	Balls, soft	Dozen	1	2	3	71	Balls, cage	Each	do	6	6	6	
11	Balls, tennis.	do	2	2	4	72	Balls, medicine, 4-pounds	do	do	2	4	4	
12	Balls, volleyball.	Each	10	12	12	73	Bars, climbing.	Set	do	3	9	9	
13	Balls, water polo	do	1	2	1	74	Bars, stall, unit of 3 sections	do	do	2	2	2	
14	Bases, baseball.	Set	do	1	1	75	Bicycles, stationary	do	do	20	30	40	
15	Bases, softball.	do	2	3	3	76	Clubs, Indian, 1½-pounds	do	do	12	6	6	
16	Bats, baseball.	Each	do	6	6	77	Dumbbells, 1-pound	do	do	12	6	6	
17	Bats, softball.	do	6	6	6	78	Dumbbells, 2-pound	do	do	12	6	6	
18	Covers, badminton racket.	do	6	20	16	79	Dumbbells, 3-pound	do	do	12	25	25	
19	Covers, mat, 6' x 10' x 2",	do	8	16	16	80	Dumbbells, 6-pound.	do	do	12	25	25	
20	Covers, mat, 24" x 24".	do	3	3	3	81	Dumbbells, 10-pound.	do	do	25	25	25	
21	Covers, tennis racket.	do	12	18	18	82	Dumbbells, 25-pound.	do	do	5	10	10	
22	Gloves, boxing, 14-ounce.	Set	4	4	4	83	Exercisers, Spring	Set	do	15	15	15	
23	Gloves, base ball, first base, FR	Each	2	1	1	84	Guides, track and field	Each	do	1	1	1	
24	Gloves, base ball, first base, reg.	do	1	1	1	85	Ladders, horizontal	do	do	2	4	4	
25	Gloves, base ball, catcher's.	do	1	1	1	86	Machines, rowing	do	do	2	3	3	
26	Gloves, base ball, fielder, FR	do	1	1	1	87	Mannometers	do	do	2	2	2	
27	Gloves, base ball, fielder, reg.	do	1	1	1	88	Rolls, wrist	do	do	2	1	1	
28	Gloves, soft ball, first base, FR	do	1	1	1	89	Sticks, "Box" hockey	Pair	do	6	12	12	
29	Gloves, soft ball, first base, reg.	do	1	2	4	90	Wands, wooden	Each	do	25	6	6	
30	Gloves, soft ball, fielder, FR	do	1	2	4	91	Weights, pulley	do	do	2	1	1	
31	Gloves, soft ball, fielder, reg.	do	11	18	24	92	Wheels, shoulder	do	do	2	1	1	
32	Gloves, striking bag.	Pair	8	10	10	93							
33	Goals, basketball.	do	1	2	1								

		do	Set	4	6	2	2	1 per hosp.
34	Guards, base ball, leg	do	do	do	do	do	do	do
35	Horseshoes, with stakes	do	do	do	do	do	do	do
36	Inflatables, foot model	do	do	do	do	do	do	do
37	Kits, racket repair	do	do	do	do	do	do	do
38	Masks, base ball, catcher's	do	do	do	do	do	do	do
39	Masks, soft ball, catcher's	do	do	do	do	do	do	do
40	Mats, 20' x 20' x 3'	do	do	do	do	do	do	do
41	Mats, 5' x 10' x 2'	do	do	do	do	do	do	do
42	Nets, badminton	do	do	do	do	do	do	do
43	Nets, basketball goal	do	do	do	do	do	do	do
44	Nets, tennis	do	do	do	do	do	do	do
45	Nets, volleyball	do	do	do	do	do	do	do
46	Plates, home, baseball	do	do	do	do	do	do	do
47	Plates, home, softball	do	do	do	do	do	do	do
48	Plates, pitcher's base ball	do	do	do	do	do	do	do
49	Plates, pitcher's, soft ball	do	do	do	do	do	do	do
50	Platforms, striking bag	do	do	do	do	do	do	do
51	Presses, badminton racket	do	do	do	do	do	do	do
52	Presses, tennis racket	do	do	do	do	do	do	do
53	Protectors, body, base ball	do	do	do	do	do	do	do
54	Rackets, badminton	do	do	do	do	do	do	do
55	Rackets, tennis	do	do	do	do	do	do	do
56	Ropes, climbing	do	do	do	do	do	do	do
57	Ropes, skipping	do	do	do	do	do	do	do
58	Rule books, basketball	do	do	do	do	do	do	do
59	Rule books, softball	do	do	do	do	do	do	do
60	Rule books, swimming	do	do	do	do	do	do	do
61	Rule books, volleyball	do	do	do	do	do	do	do

Maximum allowances in Cols. 3 and 7 should be graded downward where activity does not have facilities existing or planned to use quantities listed. Columns 4 and 8 should be used to establish an allowance for anactivity after consideration has been given to facilities. Columns 3 and 8 should be transcribed to lists 1 and 2 and a stockcheck made to determine year actually needed.

¹ Allowances established in Cols. 3 and 7 are for 500 patients in each group. For example, 8 lb. medicine balls are not considered necessary for class 4 patients, but each 500 of class 3 require 6 balls, each 500 of class 2 require 6 balls, class 1 Patients require none.

45-23—Stock Levels of Medical Stores; Revision of*JJ57/N14; 23 Jan. 1945.*

To: Med Dept Shore Activities (Continental)

Refs.: (a) Annual Estimates of Expenditures, FY 1946, BuMed ltr. L10-1-1945/EN(102); 1 Sept. 1944.

(b) BuMed cir ltr. L8-2(072), 9 June 1944.

1. Effective immediately, the following supply levels of Medical Supply Catalog stores are authorized in all hospitals, dispensaries, and other Medical Department activities ashore within the continental limits, except naval medical supply depots, storehouses, and medical stores sections of naval supply depots:

Maximum stock.—Six months' supply at the current annual rate of use as applied to the patient load or personnel complement to be provided for.

Minimum stock.—Three months' supply at the current annual rate of use as applied to the patient load or personnel complement to be provided for.

Order point.—Minimum stock plus quantity estimated to be consumed during the period of time that would normally elapse between placing of requisition and delivery of stores.

2. This directive shall not be construed to prescribe stock levels for catalog items not used by an activity.

3. Reduction of existing stocks from levels previously prescribed to those herein directed shall be accomplished by use and deferment of replenishments.

4. Within continental limits, the Medical Department's reserves of medical stores for contingencies will, in general, be maintained in naval medical supply depots and storehouses. Emergency requirements should be requested therefrom by dispatch.

5. Stock levels in continental naval medical supply storehouses will continue to be computed according to reference (c). Stocks in naval medical supply depots and in medical sections of naval supply depots are controlled directly by the Bureau of Medicine and Surgery and the levels thereof will be determined by current procurement directives.

6. Existing instructions in reference (a) in conflict with this directive are modified accordingly.—*W. J. C. Agnew.*

45-24—Prosthetic Appliances Board; Establishment of*P4-3/NH6 (111), 24 Jan. 1945*To: Nav Hosps (all types continental).
Major Sho Stas (continental).

Encls.: A. (HW) Guide for Preparation of Initial Report.

B. (HW) Guide for Preparation of Monthly Reports.

1. A prosthetic appliances board has been established at the National Naval Medical Center, Bethesda, Md. This board will coordinate investigations in the applicability and use of all substances and materials which might be employed in the development of corrective appliances, especially those which will mitigate or overcome the results of war wounds or injuries.

2. The board has been directed to coordinate the work of groups working at stations throughout the Medical Department, provide guidance in the form of information as to the results of similar work being done elsewhere, and assist in the procurement of especially qualified personnel, materials and equipment.

3. Naval medical activities will keep this board informed of progress in the development of prosthetic devices, or methods which may be under the process of development in their laboratories (not to include denture prosthesis), in order that this information may be disseminated to other activities.

4. It is directed that a report of all work previously completed be prepared and forwarded by addressees to this board as soon as practicable, using enclosure A as a guide (not to include denture prosthesis).

5. Naval medical activities doing prosthetic replacements of any description, with the exceptions of denture prosthesis, will submit written reports on the first day of each month, listing number of patients and nature of prosthetic work. Use enclosure B as a guide in preparing monthly reports.

6. In the event no prosthetic appliance work has been undertaken, a report to this effect shall be submitted and subsequent reports will not be necessary. Such stations shall not install facilities for manufacture of prosthetic appliances without prior approval of the Bureau.—W. J. C. Agnew.

Enclosure A

GUIDE FOR INITIAL REPORT TO PROSTHETIC APPLIANCES BOARD NATIONAL NAVAL CENTER, BETHESDA, MD.

Report on each type of replacement done, in the order listed below:

- (a) Replacement of the eyes.
- (b) Replacement of the ears.
- (c) Replacement of the nose and whole or partial facial masks.
- (d) Replacement of the hands, digits, and superior extremities.
- (e) Replacement of the feet and lower extremities.
- (f) Any special prosthetic apparatus.

1. Under whose supervision was work done?
2. Name officers and enlisted personnel who have been assigned to your prosthetic laboratory (not to include denture prosthesis).
3. Were these personnel adequately trained?
4. Describe laboratory facilities, with statement of their adequacy.
5. Describe procedure for referring cases to the prosthesis laboratory.
6. Briefly describe technique used in the preparation of appliances.
7. Name the types of plastics or other materials used in the preparation of appliances.
8. Discuss difficulties, if any, in procurement of materials and equipment.
9. Discuss any problems that collaboration might help solve.
10. Discuss any problems that chemistry might aid.
11. Discuss any special devices that you think will be useful if developed.
12. List references of reports of work done.

Enclosure B**GUIDE FOR PREPARATION OF MONTHLY REPORTS TO PROSTHETIC APPLIANCES BOARD, NATIONAL NAVAL MEDICAL CENTER, BETHESDA, MD.**

1. Report by name, rank or rate, and file or service number, any changes in officer or enlisted personnel in prosthetic laboratory (not to include denture prosthesis).
 2. Note any change in laboratory facilities.
 3. Note any changes in the technique of preparing any appliance.
 4. Describe any new technique or materials used.
 5. Discuss any work regarding which information is desired.
 6. List number of patients and nature of work completed since last report.
 7. Other remarks.
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45-25—Storage Space; Report of*EN3/A3-1; 25 Jan. 1945*

To: Med. Dept. Activities (Continental).

Ref.: (a) CNO ltr. Op30-26R7-sig. Ser. 1455930, 22 Dec 1944.

Encl.: A. (HW) CNO ltr. Op30-2RR-ler, er. 1258430, 2 Sep 1944.

B. (HW) NavSandA Form 604 (2 copies) [available on request].

1. In compliance with reference (a), it is requested that enclosure B be completed as of the last day of Jan. 1945 and monthly thereafter if required. This will be covered in subsequent correspondence with each activity. Instructions on the reverse side of the form must be followed as well as additional instructions in reference (a). Attention is invited to the fact that the total of the figures reported in the 2 columns headed "Total covered storage other than cold storage" and "Cold storage" must equal the total of the square feet reported under all columns with the general heading of "Warehouse covered". Upon completion, forward the original to: Matériel Division, Bureau of Medicine and Surgery, Sands and Pearl Streets, Brooklyn 1, N. Y.

2. In addition to the completion of NavSandA Form 604, it is requested that the following information be furnished:

(a) Location of storage space reported in column "Total covered storage other than cold storage", as follows:

Storehouse build for or assigned for storage and issue of general stores and Medical Department Catalog items.

Basement of wards or other buildings.

Space in empty ward buildings, personnel quarters, powerhouse, laundry, etc.

(b) Type of storage space reported, stated in square feet of floor space, shelf or bin space for storage Medical Department Catalog items.

Bulk case lot storage space of Medical Department Catalog items.

General maintenance supplies, plumbers, mechanics, carpenters supplies. Case lot and bulk provision storage.

(c) Cold storage—total square feet reported in column headed "Cold storage".

Provisions, meat, milk, etc.
Other than provisions.
(d) Vault storage.
Narcotics, whisky, alcohol.
In bulk (case lot).
On shelf.—W. J. C. Agnew.

Enclosure A**NAVY STORAGE CONTROL COMMITTEE—SUBMISSION OF
NAV.S.&A. FORM NO. 604 TO**

Op30-2BR-ler, Ser. 1258430, 2 Sept 1944.

From: CNO

All bureaus and offices of the Navy Department.
Comdt Mar Corps.
Comdt USCG.

Refs.: (a) CNO Ser. O1164730, dated 29 July 1944.
(b) CNO Ser. O1215430, dated 18 Aug. 1944.

Encl.: (a) Copy of Nav. S. & A. Form #604 (available on request).

1. At the first meeting of the Navy Storage Control Committee, held on 22 Aug. 1944, in accordance with the provisions of references (a) and (b), Nav.S.&A. Form No. 604 was presented to and approved by the committee as the first step in obtaining pertinent overall storage use data.

2. Addressees are requested to have Nav.S.&A. Form No. 604 completed as of the last day of each month for every naval storage activity in the continental United States under their cognizance, except as indicated in paragraph 5 below, and to forward these forms to the Secretary, Navy Storage Control Committee, Room 2130, Temporary Building "I," Navy Department, Washington, D. C., by the 15th of the month following the date of the report. If any of the bureaus and offices can have the forms filled out from information currently being reported from the field, the forms need not be mailed direct to the field but may be prepared in the bureau.

3. Addressees will make any pertinent comments on or corrections to data on forms received by them, particularly regarding obligations of space and estimates of future requirements.

4. An initial supply of Nav.S.&A. Form No. 604, sufficient for 2 months, will be forwarded to addressees by the Secretary of the Navy Storage Control Committee. Future supplies will be obtained from the naval supply depots, Norfolk, Va., and Oakland, Calif., in the usual manner.

5. The provisions of reference (a) and this letter do not apply to storage facilities for the storage of explosives except that such facilities becoming available for Nav.S.&A. Form No. 604.—W. S. Farber.

**45-28—Rental Allowance, Marine Corps Officers Without Dependents,
Patients at Naval Hospitals Within the United States**

Joint Letter—BuMed-MarCorps, 29 Jan. 1945

To: NavHosp and MarCorps Activities.

1. An officer without dependents detached from a permanent station and ordered to a hospital for treatment prior to reporting to a new permanent

station or an officer detached from all duty and ordered to a hospital for treatment is not entitled to rental allowance during the period of hospitalization and while actually furnished the usual hospital accommodations. However, such an officer who is permitted or required to subsist himself as an outpatient or who is granted leave of absence or sick leave, as distinguished from week-end passes, is entitled to the payment of rental allowance for such period of absence. In the case of officers living outside of the hospital an NAVMC 729 PM will be required to support the payment of rental allowance for Marine officers. In the case of Marine officers on leave of absence or on sick leave, a certificate by the officer himself, together with a certified copy of the leave authorization, will be filed with the voucher upon which payment is made (6 Comp. Gen. 17; 23 Comp. Gen. 761).

2. In order to facilitate the payment of rental allowance to Marine officers without dependents under conditions outlined in paragraph 1 hereof, commanding officers of United States naval hospitals will furnish disbursing officers with certificates of nonavailability of quarters (Form NAVMC 729 PM) in cases of bachelor officer patients of the Marine Corps and Marine Corps Reserve. Forms NAVMC 729 PM will cover such period or periods as may be applicable during each month or for such period as the officer's pay account may be settled on the rolls of the disbursing officer. Blank forms NAVMC 729 PM will be furnished commanding officers of naval hospitals by disbursing officers of the Marine Corps. Form NAVMC 729 PM will contain the clause "and that he was necessarily required to procure quarters at his own expense." Where there are a number of such officer patients in one hospital a consolidated certificate may be prepared in lieu of Form NAVMC 729 PM.—W. J. C. Agnew and A. A. Vandegrift.

**45-29—Graduate Training in Medical Specialties; Formal Approval for
P11-1/OM; 31 Jan. 1945**

To: NavHosp.

Ref.: (a) BuMed ltr. P11-1/OM, 12 Jan. 1945.

1. Letters sent out recently from this Bureau to certain of the naval hospitals regarding a proposed survey by the American College of Surgeons should not be confused with the completion of forms, reference (a), for the American Medical Association, as these are separate and independent projects.

2. Responses received from medical officers in command, who have been asked for expressions of opinion on the outline of courses proposed by the American College of Surgeons, indicate that it is not practicable or possible to establish such courses in wartime, and the college has been so notified.

3. Naval hospitals now officially approved for intern training approximate closely to the requirements for approval by the Council on Medical Education and Hospitals of the American Medical Association for residency type of training through their present excellent standards established for intern training. The assignment of a medical officer to a service in a specialty at any time after his intern year should thus be classed as residency type of training.

4. It is not necessary, however, in order to obtain official recognition, that the blank forms, enclosure A of reference (a), be filled out and filed

as applications so that officers receiving such training may obtain formal credit for time so spent.

5. It is suggested that the chief of service in any of the various specialties would be qualified to assist in the preparation of these forms, which shall be forwarded to BuMed. Where services in any of the specialties are non-existent, notation of this shall be made, and the blank forms returned with the completed ones.—*W. J. C. Agnew.*

JOINT Letter : BuMed-BuPers

45-31—Authorizing Medical Officers in Command, Naval Hospitals and Naval Special Hospitals, To Take Final Action on Certain Reports of Medical Survey Without Prior Reference to BuMed or BuPers

DGK-112-DMAJ 6 Feb. 1945

To: NavHosp (All types continental)

Ref.: (a) BuMed-BuPers Joint Ltr. 12 Jan. 1945.

1. Reference (a) not applicable to Maritime Corps personnel.—*W. J. C. Agnew and A. A. Vandegrift.*

JOINT LETTER-BuMed-BuAero

45-33—Morphine Syrettes in Aviation First Aid Kits, Handling of

JJ57/A21(034) ; 9 Feb. 1945.

To: Ships and stations (concerned with aircraft).

1. The inclusion of morphine syrettes in aviation first-aid kits is primarily for use under combat conditions. Normally, there is little need for the use of morphine in connection with flight operations in the continental United States. Due to the large number of morphine syrettes now accessible in first-aid kits, it is necessary to establish more effective measures against loss or theft of the drug and its diversion to inappropriate use. Accordingly, morphine syrettes shall be removed from, and shall normally not be contained in first-aid kits installed in aircraft while operating within the continental United States. Morphine syrettes will be included in first-aid kits of aircraft consigned to the fleets, and fleet commands shall determine their own policies as regards the carrying of morphine.

2. For the accomplishment of the foregoing, the following procedures are prescribed:

(a) *New aircraft.*—Aviation first-aid kits installed in new aircraft will be complete, including morphine syrettes. The kits shall be effectively sealed at the time of installation in the aircraft. The seal shall be of such nature as to permit ready access to contents, and will indicate if the kit has been opened.

(b) *Aircraft for use within continental limits.*—At aviation activities in the continental United States morphine syrettes shall be removed for safe storage by a representative of the medical department. Halazone tablets will likewise be removed and stored.

(c) *Aircraft for use outside continental limits.*—When aircraft are designated for consignment or transfer to fleet activities for operational use outside the continental United States, the first-aid kits shall be inspected

by a representative of the medical department preliminary to departure, at which time all missing or damaged items shall be restored, including the morphine syrettes and halazone tablets. The kit shall then be sealed as prescribed in paragraph 2 (a) above.

(d) *Life rafts and back pad kits.*—Inasmuch as morphine syrettes are sealed in the first-aid kits contained in life raft and current back pad kits, it is not deemed advisable to remove them from this equipment. It is suggested that precautions to insure against pilfering be provided by local commands.

3. Medical activities which accumulate an oversupply of morphine syrettes or halazone tablets by reason of this procedure shall notify the Bureau of Medicine and Surgery, Matériel Division, Brooklyn, N. Y., and request instructions.

4. Commanders of aviation units within the continental United States are authorized to make exceptions to paragraph 2 (b) to meet unusual circumstances.—*W. J. C. Agnew and D. C. Ramsey.*

45-36—Penicillin Therapy of Early and Latent Syphilis

L8-2/JJ57(042-43); 13 Feb. 1945.

To: All ships and stations.

1. Penicillin therapy to date has been free from severe reactions. However, Herxheimer-like reactions have been observed. In those cases of latent syphilis where the stage of latency is unknown and where there may exist some visceral complications of syphilis, untoward reactions are quite possible. Reduction in the number of Oxford units of penicillin in the early doses or lengthening of the time interval between those injections may be indicated. If no reaction has occurred during the first 3 or 4 doses, the recommended schedule can usually be resumed within 24 to 36 hours. The recommended total dosage of 2,400,000 Oxford units of penicillin should, of course, be administered.

2. When penicillin is used for retreatment, in no case shall the dosage be less than the original 2,400,000 units.

3. All cases of syphilis treated by penicillin are to be reported. It is directed that medical officers use the format of the following forms in reporting each case to BuMed, this to supersede previous method of reporting by letter:

(a) NavMed-621 to be forwarded in single copy at completion of therapy.

(b) NavMed-623 to be submitted monthly for 1 year.

(c) NavMed-622 to be forwarded between the third and sixth month after completion of penicillin treatment.

These three forms may be obtained from any naval medical supply depot and appear in the Navy Medical Department supply catalog as follows:

Stock No.	NavMed No.	Item	Unit
S16-3083-----	621	Penicillin therapy report—early and latent syphilis.	Sheet.
S16-3090-----	622	Spinal fluid test report-----	Do.
S16-3095-----	623	Monthly Kahn test report-----	20 in pad.

W. J. C. Agnew.

45-37—Medical Department Property; Inventory, Physical Classification and Reporting of, for Plant Account Purposes

L10-5/L11-2(044); 15 Feb. 1945.

To: A1NavStas.

- Refs.: (a) BuMed ltr. L10-5/L11-2(044), 25 Apr. 1944.
 (b) BuMed ltr. L10-5/L11-2(044), 20 May 1944.
 (c) Art. 681-2, BuSandA Memo No. 509, Feb. 1945 (Advance Change).

1. In view of the change promulgated in reference (c) with respect to plant account records and procedures applicable to motor vehicles, reference (b) is hereby canceled, thereby restoring the original context of paragraph 4 (a) of reference (a).

2. Medical department activities will be governed by the procedure prescribed in reference (c) insofar as plant account records of ambulances and other medical department vehicles are concerned. However, at all naval hospitals, special hospitals and naval medical supply depots all motor vehicles assigned for the exclusive use of the activity will be taken up in the medical department property and accounting records and accounted for and reported for medical department purposes as heretofore. At all other medical department activities the value of ambulances shall be recorded in the medical department property and accounting records and accounted for and reported for medical department purposes, in the usual manner.

3. In effecting the transfer and adjustment for plant account purposes prescribed in paragraph (c) or reference (c), the expenditure (transfer) invoice shall contain a notation that the transfer and adjustment is effected for plant account purposes only.—*W. J. C. Agnew.*

45-38—Army Publications, Supplemental List of

A10-3/EW (121); 15 Feb. 1945

To: All ships and stations.

- Ref.: (a) BuMed ltr. A10-3/EW (121), 12 Apr. 1944, par. 2.
 (b) EXOS ltr. AO (Pub) FMR: mfp 25 Feb. 1944.

1. In accordance with reference (a), a supplemental list of United States Army publications treating medico-military subjects available to date for limited distribution is as follows:

LIST OF PUBLICATIONS FOR TRAINING

No.	Title	Date
TB QM 20..... SB 8-15.....	Prevention of Mildew—Enemy of all Equipment in the Tropics. Replacement for, Disposition of, and Recapture of Medical Department Unsatisfactory Property and Excess Serviceable property.	15 July 44 20 Oct. 44
TB MED 18..... 30..... 31..... 52..... 57.....	Medical and Sanitary Data on Dutch New Guinea..... Medical and Sanitary Data on Formosa..... Scrub Typhus Fever (Tsutsugamushi Disease)..... Medical and Sanitary Data on Denmark Islands..... Medical and Sanitary Data on Guam.....	10 Mar. 44 8 Apr. 44 11 Apr. 44 24 Oct. 44 23 June 44

RESTRICTED

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LIST OF PUBLICATIONS FOR TRAINING—Continued

No.	Title	Date
TB MED 75.....	Medical and Sanitary Data on the Lesser Sunda and Southwestern Islands.	14 Oct. 44
83.....	Medical and Sanitary Data on the Izu, Bonin, Kazan, and Marcus Islands.	7 Aug. 44
88.....	Medical and Sanitary Data on Khabarovsk Krai and Maritime Krai (Far Eastern Territory) U. S. S. R. (Excluding Kamchatka Oblast).	29 Aug. 44
93.....	Medical and Sanitary Data on the Dodecanese Islands.....	16 Sept 44
68.....	Medical and Sanitary Data on Tunisia.....	3 Oct 44
101.....	Use of Bal in Oil Ointment in Treatment of Systemic Poisoning Caused by Lewisite and Other Arsenical Blister Cases.	4 Oct 44
102.....	Medical and Sanitary Data on Java.....	10 Oct 44
104.....	Use of Bal in Oil for Treatment of Certain Severe Mapharsen Reactions.	12 Oct 44
105.....	Medical and Sanitary Data on the Andman and Nicobar Islands.	11 Oct 44
107.....	Medical and Sanitary Data on Czechoslovakia.....	23 Oct 44
108.....	Medical and Sanitary Data on the Ryukyu Islands.....	24 Oct 44
109.....	Medical and Sanitary Data on Ceylon.....	28 Oct 44
111.....	Medical and Sanitary Data on the Marshall Islands.....	3 Nov 44
113.....	Medical and Sanitary Data on Borneo.....	7 Nov 44
114.....	Immunization.....	9 Nov 44
116.....	Use of War Wound Moulages in Teaching Emergency Medical Care and First Aid.	18 Nov 44
118.....	Medical and Sanitary Data on Hainan.....	Nov 44
119.....	Bacillary Dysentery.....	Nov 44
120.....	Medical and Sanitary Data on Sumatra.....	Dec 44
123.....	Medical and Sanitary Data on the Azores.....	Dec 44
125.....	Medical and Sanitary Data on Corsica.....	Dec 44

2. Medical Department activities may obtain copies of any of these listed Army publications by letter request directed to BuMed. These letter requests should give the catalog number, title, and date of publication, and number of copies needed for a 6-month period as of 1 January and 1 July.—W. J. C. Agnew.

JOINT LETTER : BuMed-BuPers-MarCorps

45-42—Transfer of Hospital Patients Within the Continental Limits

P16-3/P3-2; BuPers P3-2; MarCorps-1865-90; 21 Feb 1945

To: All ships and stations.

- Ref.: (a) Art. D-7017 (3), BuPers Manual.
 (b) BuNav 312-SP, P3-5(80), 18 Mar. 1942.
 (c) CMC 1865-90, AN-322-ed, 6 Jul. 1942.
 (d) CMC 1865-90, AN-322-js, 7 Jul. 1942.
 (e) BuPers-630-ND16, 5 Mar. 1943.
 (f) BuPers-630-ND1, 30 June 1943.
 (g) BuPers-66-MSW, 4 May 1944.
 (h) CMC 2445/70-5780, DFB-532-hem, 2 May 1944.
 (i) CMC 1865-80-40, ser DFA-415-ge, 4 Jul. 1944.
 (j) BuPers-P3-2, 319-HBS, 13 Jul. 1944.
 (k) BuPers-6303-DW, 25 Sept. 1943.
 (l) BuMed ltr. P16-3/P3-2(082), 12 Oct. 1944.
 (m) BuPers-6303-DW-1, P3-2, 2 Dec. 1944.
 (n) BuPers Circ. Ltr. 296-44; (N. D. Bul. 44-1144.)
 (o) CMC Letter of Instruction 865.
 (p) BuPers Circ. Ltr. 367-44; (N. D. Bul. 44-1398.)

(q) Joint Itr. BuMed-BuPers, Pers-66-ELM, P3-5, BuMed-RP-OIM, 12 Jan. 1945.

1. References a, b, c, d, e, f, g, h, i, j, k, l, and m are canceled and all instructions in conflict with this directive are modified accordingly.
2. The following instructions shall govern the transfer of patients between naval and/or naval special hospitals within the continental limits for purposes of (a) special treatment, (b) transferring overseas casualties to hospitals nearer home, and (c) relieving crowded conditions in hospitals.
3. The interhospital transfer of all patients must have prior approval of the Bureau of Medicine and Surgery except transfers within the same naval district which require only the approval of the commandant of the naval district. Reference (p) modified accordingly.
4. In order to expedite the movement of patients, action by board of medical survey is dispensed with except for transfers outlined in paragraphs 5 and 6, and medical officers in command are authorized to issue travel orders incident to such transfers upon receipt of approval from the Bureau of Medicine and Surgery or the district commandant, as appropriate, reference (p). Mode of travel will be a matter of local decision in each case.
5. Action by a board of medical survey is required prior to the transfer of psychotic patients. In accordance with authorization in reference (q), medical officers in command of United States naval hospitals and naval special hospitals (continental United States) may take final action on reports of medical survey that recommend transfer of psychotic patients to another naval hospital or to the United States Public Service Hospital, Fort Worth, Tex. The original and one copy of the report should be forwarded to the Bureau of Medicine and Surgery for record purposes only.
6. BuMed and BuPers or MarCorps approval of medical survey is required for transfer of patients to nonnaval hospitals such as Army and Navy General Hospital at Hot Springs, Ark., and the Georgia Warm Springs Foundation.
7. All requests to BuMed for transfer shall state the reference under which transfer is requested, the number, type (medical, surgical, NP), condition (stretcher, ambulant, convalescent), and whether officer or enlisted personnel. BuMed will approve or modify requests according to availability of beds, and will furnish information copy of action taken to naval hospitals concerned. Requests for transfer to a hospital nearer home, of other than overseas casualties, will be approved only in unusual circumstances.
8. The transferring activity shall advise the receiving activities in each instance of transfers with respect to scheduled time of arrival, number of stretcher cases, number of cases requiring special handling, and other information considered relative to an orderly and efficient handling of patients at point of reception.
9. The movement of overseas casualties from ports of entry upon arrival will be under the operational control of the district commandant concerned and will be made as outlined in paragraphs 3 and 4.
10. When effecting transfers under this authority appropriate travel orders will be issued and a copy of orders issued to officers will be forwarded immediately to BuPers or MarCorps as appropriate. Forward copy of page 9 of service record to BuPers in the cases of enlisted naval personnel and, in addition, NavMed HC-3 in cases of enlisted members of the hospital corps to BuMed. Notify Marine Corps activity at which staff returns of

Marine enlisted personnel are carried as to hospital to which transferred. The commanding officer of the Marine Corps activity concerned will, upon receipt of such notification, transfer enlisted personnel by staff returns to the Marine Corps activity nearest the new hospital.—*W. J. C. Agnew.*

JOINT LETTER : BuMed-MarCorps

45-43—Enlisted Members of the Marine Corps Awaiting Discharge as Result of Medical Survey To Be Released From U. S. Naval Hospitals and U. S. Naval Special Hospitals to Nearest Marine Barracks

1500-120, DGK-112-dmaj, 21 Feb 1945.

To : NavHosp (all types continental) MarCorps Activities.

Ref. : (a) Letter of Instruction No. 470.

1. The medical officers in command, naval and naval special hospitals, continental United States, are authorized, at their discretion, to transfer enlisted members of the United States Marine Corps and United States Marine Corps Reserve, who have appeared before boards of medical survey and been recommended for discharge from the Marine Corps and who require no further medical treatment, to the nearest marine barracks to await further disposition. Such individuals shall be transferred (T) as patients on the sick list.

2. All men so transferred to Marine Corps barracks to await action by the Bureau of Medicine and Surgery and Commandant of the Marine Corps on report of medical survey shall be readmitted (RA) and retained on the sick list. These men need not be retained in the dispensary sick bay but may be appropriately billeted to barracks. In the event the individual's staff returns are not carried at post of joining, the commanding officer receiving patient will take immediate steps to request the staff returns from former organization. By authority of this letter all commanding officers receiving such a request will transfer individual by staff returns as requested and copy of transfer order will be sent to commanding general, Department of Pacific; commanding general, Marine Training Command, San Diego area, or Commandant of the Marine Corps, Washington, D. C., as appropriate. If the location of post carrying these returns cannot be ascertained, a report will be immediately made to the Commandant of the Marine Corps, Washington, D. C.

3. Upon transferring a patient to a marine barracks, in accordance with the provisions of this letter, the medical officer in command shall forward the original and four legible copies of the report of medical survey to the Bureau of Medicine and Surgery and shall include in his endorsement thereon an entry showing the United States marine barracks to which transfer was effected, under authority contained in this letter, and the date of such transfer. When final action is taken by the Commandant of the Marine Corps, on the report of medical survey, a copy will be returned to the hospital of origin and to the post of joining showing the authorized disposition.

4. In all cases transferred to a marine barracks under authority of this directive, the medical officer in command of the hospital shall retain re-

sponsibility for, and continue to carry out, all routine naval procedures concerned with civil readjustment of such individuals, including the preparations and submission of pension claims and related records to the Veterans' Administration area office. Each individual so transferred must clearly understand that final disposition in his case is dependent upon action taken by the Bureau of Medicine and Surgery and by the Commandant of the Marine Corps, and that he may be returned to duty instead of being separated from the service.

5. The instructions contained in this letter in no way modify the provisions of the reference which authorizes return to limited duty of enlisted men of the Marine Corps recommended for such duty by boards of medical survey.—*Ross T McIntire and A. A. Vandegrift.*

JOINT LETTER: BuMed-BuPers

45-45—Authorizing Special Medical Officers in Command, Naval Hospitals and Naval Special Hospitals to Take Final Action on Certain Reports of Medical Survey Without Prior Reference to Bureau of Medicine and Surgery and Bureau of Naval Personnel

RESTRICTED: P3-5, Pers-66-WH; 22 Feb. 1945

To: NavHospitals (all types continental).

Ref.: (a) BuPers-BuMed restr joint ltr. Pers-66-ELH P3-5, BuMed-RP-OIM, 12 Jan. 1945.

(b) BuPers C/L 8-45, 15 Jan. 1945.

1. Paragraph 3 of reference (a) is hereby amended by adding paragraphs (e) and (f) which read as follows:

(e) When the board of medical survey finds the individual presents the disability, seasickness, he shall not be discharged but classified as physically qualified for duty on shore, including foreign shore, and transferred to nearest appropriate receiving station for assignment as follows: Receiving stations east of Mississippi River for further assignment by Commander Service Force, Atlantic Fleet, Subordinate Command; receiving stations west of Mississippi River for further assignment by Commander, Western Sea Frontier.

(f) When the board of medical survey finds the individual presents the following defects; color blindness, defective vision or hearing, but meets the physical standards for induction into the Navy as "special assignment" and is otherwise qualified for retention in the naval service, he shall not be discharged but retained in the naval service and his classification changed to "special assignment" by adding (SA) following the designation USN, USN-I, USN (SV), USNR or USNR (SV) as applicable, and he shall be assigned to duty in accordance with current directives (reference (b)). Minimum physical standards for men classified "special assignment" differ from general-service standards as follows: (a) Color perception; Color blindness acceptable; (b) Vision: Minimum 2/20 if correctible to 10/20 in each eye, will accept slight functional defects; (c) Hearing: 8/15 acceptable in each ear.—*W. J. C. Agnew and R. H. Hillenkoetter.*

45-48—Navy Nurse Corps, Marriage of Officers of.*P7/OG—let, 22 Feb. 1945*

To: Ships and stations.

Ref.: BuMed ltr., P7/OG, 23 Jan. 1945.

1. The following changes will be made in reference effective immediately:

(a) Paragraph 2, strike out the words "or has been" so that the first part of this paragraph shall read:

When it shall be determined that an officer of the Nurse Corps is pregnant in the naval service, the following procedure shall be adopted to effect separation from the service.

(b) Paragraph 2 (d), strike out the words "or has been."

(c) Paragraph 2 (e), change to read as follows:

Action (which will include orders home on acceptance of resignation) normally will be taken by letter.

(d) Paragraph 2 (f) strike out.—*W. J. C. Agnew.*

45-49—Instructional Guide for Optical Dispensing Agencies*P2-3(061); 22 Feb. 1945*

To: Distribution list.

Ref.: (a) BuMed ltr., P2-3(061), 12 Feb. 1945.

Encl.: A. (HW) Instructional guide for naval hospitals and dispensaries designated as optical dispensing agencies.

1. Enclosure A is transmitted to your activity as a guide for effectuating the program outlined in reference (a).—*W. J. C. Agnew.***INITIAL LIST OF OPTICAL DISPENSING AGENCIES****First Naval District:**

United States Naval Hospital, Chelsea, Mass.

United States Naval Dispensary, Davisville, R. I.

United States Naval Hospital, Newport, R. I.

United States Naval Hospital, Portsmouth, N. H.

Third Naval District:

United States Naval Hospital, Brooklyn, N. Y.

United States Naval Hospital, Sampson, N. Y.

United States Naval Hospital, St. Albans, N. Y.

Fourth Naval District:

United States Naval Hospital, Philadelphia, Pa.

Severn River Naval Command:

United States Naval Hospital, Annapolis, Md.

Potomac River Naval Command:

United States Naval Hospital, Bethesda, Md.

United States Naval Dispensary, Washington, D. C.

Fifth Naval District:

United States Naval Hospital, Bainbridge, Md.

United States Naval Hospital, Little Creek, Va.

United States Naval Hospital, New River, N. C.

United States Naval Hospital, Portsmouth, Va.

United States Naval Hospital, Quantico, Va.

Sixth Naval District:

United States Naval Dispensary, NavAirStation, Atlanta, Ga.
United States Naval Hospital, Charleston, S. C.
United States Naval Hospital, Parris Island, S. C.

Seventh Naval District:

United States Naval Hospital, Jacksonville, Fla.
United States Naval Hospital, Key West, Fla.
United States Naval Hospital, Pensacola, Fla.

Eighth Naval District:

United States Naval Hospital, Corpus Christi, Tex.
United States Naval Dispensary, Advance Base Department, Gulfport, Miss.
United States Naval Hospital, Houston, Tex.
United States Naval Hospital, Memphis, Tenn.
United States Naval Hospital, New Orleans, La.
United States Naval Hospital, Norman, Okla.

Ninth Naval District:

United States Naval Dispensary NTS (armed guard) Randolph Street and Lake Front, Chicago, Ill.
United States Naval Hospital, Great Lakes, Ill.
United States Naval Dispensary, Navy Pier, Chicago, Ill.
United States Naval Dispensary, NAS, Glenview, Ill.

Eleventh Naval District:

United States Naval Hospital, Santa Mararita Ranch, Oceanside, Calif.
United States Naval Dispensary, Long Beach, Calif.
United States Naval Hospital, Long Beach, Calif.
United States Naval Hospital, San Diego, Calif.
United States Naval Disp. Marine Corps Base, San Diego, Calif.
United States Naval Disp. NAS, San Diego, Calif.
United States Naval Disp. Naval Repair Base, San Diego, Calif.
United States Naval Disp., NTS, San Diego, Calif.

Twelfth Naval District:

United States Naval Hospital, Mare Island, Calif.
United States Naval Hospital, Oakland, Calif.
United States Naval Hospital, Shoemaker, Calif.
United States Naval Hospital, Treasure Island, Calif.
United States Naval Dispensary, NavTr&DistCen, Shoemaker, Calif.
United States Naval Dispensary, NavAdvBaseDep, San Bruno, Calif.
United States Naval Hospital, San Leandro, Calif.

Thirteenth Naval District:

United States Naval Hospital, Astoria, Oreg.
United States Naval Hospital, Bremerton, Wash.
United States Naval Hospital, Farragut, Idaho.
United States Naval Hospital, Seattle, Wash.

Enclosure A**INSTRUCTION GUIDE FOR NAVAL HOSPITALS AND DISPENSARIES
DESIGNATED AS OPTICAL DISPENSING AGENCIES**

1. This guide shall serve as instructions to designated optical dispensing agencies. It shall be brought to the attention of officers in charge of eye

clinics and other officers who may be concerned in one way or another with the process of furnishing optical service to authorized personnel.

2. *Authority.*—(a) The authority for the procurement and repair of spectacles shall apply to:

United States Navy personnel, including Navy nurses and Waves.

United States Marine Corps personnel.

United States Coast Guard personnel, including Spars.

(b) Upon presentation, at a designated naval hospital or dispensary, of a written request for service, or of a prescription for corrective lenses, signed by a naval (or U. S. P. H. S.) medical officer, personnel of the Navy, Marine Corps, and Coast Guard will be provided with new spectacles, when required, and with lenses and/or frames as replacements when either or both are damaged or lost in the performance of duty. There will be no charge to personnel for this service, and the lenses and frames issued as new glasses or as replacements will be of standard, specified type and design.

3. *Specifications.*—(a) Spectacles to be issued—either as new eyeglasses or as replacements—will conform to the following specifications:

Frame.—Shall be of natural color, 1/10 12K gold-filled material with core of available base metal, Ful-vue construction, wrap-around or semi-wrap-around bridge, rocking zylonite pads, double screw split joint and pieces, and riding bow, comfort cable temples.

Lenses.—Shall be of white toric and/or meniscus form single vision or Kryptok, ground and polished from high quality ophthalmic lens blanks manufactured to the quality standards of first quality Balcor, Centex, or Rontor lenses or their equal. Tolerances for surface quality, power, centering, and thickness shall be those regularly accepted for lenses of that type in good commercial practice.

(b) If authorized personnel desire eye glasses not conforming to the above specifications, such eye glasses must be purchased by the personnel concerned, from a civilian source, and Navy funds shall not be used for either whole or part payment thereof.

(c) Naval (or U. S. P. H. S.) medical officers, or qualified Hospital Corps officers, of H (S) classification, or pharmacist's mates (optometrists) who refract authorized personnel prior to issue of spectacles, shall not prescribe lenses in $\frac{1}{8}$ diopter variations, but shall write prescriptions to the nearest $\frac{1}{4}$ diopter of power.

4. *Procurement and issue of spectacles within the continental United States.*—A brief outline of the procedure relating to the issue of spectacles is as follows:

(a) Certain naval hospitals and dispensaries located at or near naval training centers, navy yards, bases, and Marine Corps camps shall be designated as optical dispensing agencies, and dispensing units will be established accordingly.

(b) Under contracts, contractors will supply finished eyeglass spectacles, and repairs and replacements on orders received from the dispensing agencies, and the units will adjust and deliver the finished spectacles.

(c) When authorized personnel requiring service present a properly signed request or prescription at one of the designated hospitals or dispensaries, personnel of the dispensing unit will take facial measurements, prepare an order, listing all the information necessary to the type of optical service needed, and forward the order to the nearest contractor

optical shop. Spectacles will be returned to the dispensing unit, after completion, by the contractor optical shop, and delivery of the spectacles will be made.

(d) Personnel of the dispensing units shall not pass judgment on the need of glasses nor arrange for refractions for personnel who present themselves without possessing a properly signed request or prescription. Authorized personnel requiring optical service must obtain requests or arrange for refractions through the medical officers of ships or stations to which they are attached.

(e) Personnel from visiting ships in port shall be permitted to obtain optical service from the designated hospital or dispensary which happens to be nearest the port visited, but such personnel must present a properly signed request or prescription.

5. *Refraction of eyes.*—It shall be the responsibility of a medical officer to determine the need of refraction or the need of optical service by personnel under his cognizance.

6. *Basis of issue.*—(a) No visual acuities nor limits of dioptral correction are established as a basis of issue in cases where glasses have not been previously worn, but refractionists shall be restrained from prescribing glasses indiscriminately, and it shall be their responsibility to determine whether or not low errors are of such nature as to justify the wearing of glasses.

(b) Special cases requiring unusually close work for which bifocals are not adapted will be issued the spectacles determined by the refractionist to be necessary.

(c) Refractionists are urged to exercise careful judgment, in order that spectacles will be furnished only when they are necessary for the performance of military duties.

7. *Early attention to need of optical service.*—It is anticipated that a considerable volume of requests for optical service will originate at naval training centers and replacement centers. Therefore, procurement and issue of spectacles for personnel requiring them shall be undertaken as early in the training period as possible, in order to preclude mass requests for refraction and procurement of spectacles at advance base depots and ports of embarkation.

8. *Permanent record of prescription for spectacles.*—In order to facilitate the replacement or repair of lost or broken lenses and spectacle frames, the following data shall be entered in the health records:

(a) When an individual is examined and, in the opinion of the refractionist, spectacles are not required, entry shall be made showing the date of refraction and stating that spectacles are not required for the efficient performance of military duty.

(b) If, after refraction, it is found that spectacles are required, the following entries shall be made:

Prescription data

- (1) Date of refraction.
- (2) Place of refraction.
- (3) Corrective lens power required for each eye.
- (4) Frame size.
- (5) Visual acuity each eye, with and without correction.
- (6) Visual acuity binocularly, with and without correction.

(c) The result of eye examination shall be entered in the health record under Special Duty Abstract H-3, REFRACTIONS; the prescription for

spectacles and other data shall be entered on a medical history sheet H-8.

9. *Replacement and repair of spectacles.*—(a) Complete replacement or repair will be limited to those individuals entitled to spectacles in accordance with paragraph 2 and 6. Repairs or replacement of glasses belonging to dependents will not be furnished.

(b) Repairs of serviceable, metal rimmed spectacles with temples of durable construction will be made at naval expense and will be governed by the following:

(1) If one lens is broken, and lenses are of white, standard base curve type, replacement in kind will be made.

(2) If lenses are other than white, standard base curve type, and one or both lenses are broken, replacement will be made in the type of lenses provided under the specifications described in paragraph 3 (a).

(3) If the frame is broken, repair will be made unless the cost will exceed the charge for a new frame corresponding to existing specifications, in which case a new frame will be furnished.

(c) Repairs or replacement of rimless spectacles will be governed by the following:

(1) If lenses are of white, standard base curve type, and one lens is broken, replacement in kind will be made; but if both lenses are broken, replacement will be made by furnishing complete spectacles corresponding to existing specifications.

(2) If lenses are other than white, standard base curve type, and one or both are broken, replacement will be made by furnishing complete spectacles corresponding to existing specifications.

(d) Bifocal lenses of special design and segment shape will be replaced by white Kryptok bifocal lenses, two new Kryptok lenses being provided when one lens of a pair of special bifocals is broken. Replacement of spectacle frames in bifocal cases will be governed by the same provisions as shown in paragraph 9 (a) through (c) above.

(e) Instances of losses or breakages in excess of three per year shall be investigated and the circumstances revealed shall govern the further issue of replacements.

10. *Frame of spectacles for ordinary wear other than those supplied under contract.*—In the event a frame is required other than the type issued under the existing specifications for spectacles (par. 3 (a)), due to an idiosyncrasy of the skin, authority for procurement of such special frame will be requested through the district medical officer, setting forth detailed information concerning the existing circumstances. When authorized, procurement will be made in the usual manner independently of the contract.

11. *Procurement of spectacles for personnel at locations beyond the continental limits of the United States.*—(a) Through the medium of optical service units, base and mobile types spectacles repair and replacement facilities are available in various theaters of operation. The optical repair facilities are attached to certain USN fleet and base hospitals and shall be used by Naval, Marine, and Coast Guard organizations operating abroad in areas served by these facilities.

(b) Naval, Marine, and Coast Guard organizations located beyond the continental limits, in areas which are not served by optical service units, and which are within convenient mailing distance, may request that arrangements be made for service by mail through designated hospitals and dispensaries in parts of the continental United States nearest to the areas

for which service is desired; such requests being made through the nearest district medical officer.

12. It is expected that the program for issuing spectacles to authorized personnel will become operative on or about 15 Mar. 1945, depending upon whether or not contractors can establish stocks of frames and lenses by that time.

13. Basic equipment to be used by personnel of dispensing units in taking facial measurements, selecting correct spectacle frame sizes etc., will consist of a case, dispensing, optical, (S5-4475). Requisitions for these cases will be initiated at the United States Naval Medical Supply Depot, Brooklyn, for each of the hospitals and dispensaries initially designated as optical dispensing agencies, and shipped accordingly prior to 15 Mar.

14. *Procedure.*—(a) United States naval hospitals and dispensaries designated as optical dispensing agencies will be advised of the particular firm contracted to furnish the optical service to each activity, and the address to which orders for glasses and/or repairs should be sent.

(b) The designated optical dispensing agencies should request increase in allotments, under subheads applicable to orthopedic and prosthetic appliances.

(c) The designated optical dispensing agencies will initiate purchase orders through regular channels, and all payment and accounting procedures will follow the same routine as other sundry purchase of supplies under contracts. At Naval Hospitals, glasses and incidental services procured for in-patients will, upon issue, be charged to general ledger account 10, Operating Expense, and Expense Analysis Account E102, wards. When furnished to staff personnel and personnel from other commands, the cost thereof will be charged to general ledger account 13, Navy as a whole, and expense analysis account E302, Out-Patient Services. At other activities the cost of all glasses and incidental services procured will be expended under the caption "Miscellaneous medical department supplies", and reported on line 34 of Statement of Receipts and Expenditures of Medical Department, NavMed E.

(d) Upon receipt of a properly signed request for optical service, and a prescription if new glasses are needed, at one of the designated optical dispensing agencies, personnel of the dispensing unit will take facial measurements and an invoice-order form (Nav-Med-556) (like Army Medical Department Form No. 130), listing all the information necessary as to type of optical service needed will be prepared. This order, with the required number of copies (see par. 14 (f) below) will be forwarded to the firm contracted to service the particular activity.

(e) Attached to orders for glasses or for incidental services should be a memorandum form letter to the contractor reading as follows:

GENTLEMEN: Under authority of BuS&A Contract No. NXsm _____, furnish the glasses and/or repairs specified in the attached orders, within the time specified in contract.

The original invoice, and three copies, on lower half of attached orders, properly executed and certified, are to be returned to this Station with finished spectacles.

(f) Order-invoice form NavMed 556, consists of an original and six attached copies. The designated optical dispensing agency will fill in the upper half of this form, entering the information furnished by the dispensing unit. Before forwarding to the contractor, the longest sheet (pt. 5) will

be detached and retained for reference; the balance (pts. 1, 2, 3, 4, 6 and 7) will be sent to the contractor with the memorandum form letter mentioned in paragraph 14 (e) above. Upon completion of the optical work specified in the order, the contractor will enter prices, invoice number and invoice date, certify the invoice, remove parts 6 and 7 and return parts 1, 2, 3, and 4 to the navy dispensing agency with the finished work. Part 4 will be filed by the dispensing unit; part 8 will be forwarded to the custodian of eyeglass owner's health record; and parts 1 and 2 will be used for accounting and payment.

15. Requisitions for initial quantities of NavMed 556 will be initiated and shipped to all designated optical dispensing agencies by United States Naval Medical Supply Depot, Brooklyn. Replenishing quantities can be obtained on requisition from NMSD, Brooklyn.

45-51—Dental Operations and Treatments, Recording of

P5-2, 24 Feb 1945

To: All ships and stations.

Ref.: (a) Manual of the Medical Department, paragraphs 2227-2234.

1. Improper or inadequate recording of dental treatment and dental charting is hampering this Bureau in cooperating with other Government agencies requiring such records for substantiation or verification of claimants' statements in adjudicating claims of persons separated from the naval service. The dental entries on NavMed H-4, NavMed Y, and NavMed 566 are often required by the Veterans' Administration in determining veterans' rights to further dental treatment.

2. Instructions contained in reference (a) shall be carried out to insure accurate and complete recording of all dental treatment and the correct charting of teeth.—W. J. O. Agnew.

45-52—Use of Officers of the Nurse Corps and the Hospital Corps for Routine, Nontechnical Assignments; Reduction of

P16-1/100, 24 Feb 1945

To: A1NavStas and MarCorps activities (continental).

1. Attention has been directed to the fact that officers of the Nurse Corps and the Hospital Corps are occasionally used for nontechnical and routine tasks which could be performed by enlisted personnel of less training and experience. Examples which are cited include routine storekeeping duties in linen rooms, housekeeping duties in nurses' quarters, etc.

2. Inasmuch as there is a serious shortage of nurses and other professional and skilled hospital personnel in this country, it is herewith directed that officers of the Nurse Corps and the Hospital Corps not to be used except in technical, professional, and supervisory, or administrative positions and that, first, civilians and, second, enlisted personnel be used whenever possible for routine, nontechnical assignments. This directive does not apply to temporary assignments for training purposes, nor does it preclude the assignment of an officer in responsible charge of the linen room or the nurses' quarters.

3. BuMed will approve any request for increase in civilian complement if it can be shown that such increase will relieve officers of routine, nontechnical assignments.—*W. J. C. Agnew.*

45-54—Death Overseas; Care of Remains; Report of Burial

P6-4, 26 Feb. 1945

To: All ships and stations.

Encl.: (A) Copy of report of burial (NavMed 601) [available on request].

1. The return from overseas of all Army, Navy, Marine Corps, Coast Guard, and civilian dead, upon cessation of hostilities, will be the responsibility of the Graves Registration Service of the United States Army Service Force. It is desired that all naval activities shall cooperate fully with that Service.

2. To provide the Army Graves Registration Service with accurate records of burials of all military or civilian dead buried by Navy, Marine, or Coast Guard personnel, it is directed that NavMed 601 (Report of Burial) be submitted in triplicate (additional copy for allied and enemy dead) to the Bureau of Medicine and Surgery in all cases of burial at sea or burial or reburial ashore beyond the continental limits of the United States, including Alaska.

3. In addition to NavMed 601, officers in charge of Navy, Marine Corps, and Coast Guard cemeteries beyond the continental United States, including Alaska, are directed to forward to the Bureau of Medicine and Surgery:

(a) A letter report, in duplicate, of all burials to date, giving name and location of cemetery, full name of deceased, file or service number (if known), rank or rate, organization, date of burial, and plot, row, and grave number. Burial of unidentified remains shall be reported as unidentified, and assigned consecutive numbers with a prefix "X" (e. g., X-1, X-2, etc.). This "X" number will be used in all correspondence regarding burial. Cemeteries where burials were made prior to 7 Dec. 1941 shall list only those buried subsequent to 7 Dec. 1941.

(b) A monthly report, in duplicate, listing all burials since previous report, giving information as listed in paragraph 3 (a).

(c) A map or blueprint of cemetery, in triplicate. Enter name of person buried in each grave. Number consecutively, all graves, including those in which no burials have been made, and provide space for entry of names after records of burials are received in the Bureau.

(d) Letter report giving following information:

(1) Is cemetery land Government-owned or leased, and what is acreage involved?

(2) If leased, is there a clause requiring perpetual care?

(3) What medical activity is charged with responsibility of maintenance and upkeep, and what is distance from cemetery?

4. All efforts should be made to avoid isolated burials. In case of isolated burials, the grave shall be well marked, map prepared giving location of grave, and proper authorities notified, so when conditions warrant, the remains may be removed to the nearest appropriate cemetery. NavMed 601 shall be prepared for both original burial and reburial.

5. A supply of NavMed 601 will be furnished when received from the printer, without requisition, to all ships and stations outside of the conti-

ental United States, including Alaska. Additional supplies are to be requisitioned from the naval medical supply depots in the usual manner (Stock No. S16-905; NavMed 601; Item: REPORT OF BURIAL; Unit: 50 in pad). In an emergency, a supply of War Department QMC Form 1042 (Report on Interment), which is similar, may be obtained from the nearest Army quartermaster depot or grave registration unit. Pending receipt of the initial supply, the form shall be reproduced locally as far as practical, as illustrated by enclosure, and reporting burials started immediately.

6. War Department Technical Manual 10-630 (TM 10-630), War Department Technical Bulletin 10-630-2 (TB 10-630-2), and Army Regulations No. 30-1810 (AR 30-1810) contain information and instruction for Army grave registration units. These publications may be obtained from the nearest Army quartermaster depot or grave registration unit.—W. J. C. Agnew.

45-55—Liquid Plasma; Supplying of to Naval Medical Activities

P3-1/A16-1; 27 Feb. 1945.

To: ND's (continental).

Encls.: A. (HW) Copy of memo from United States NavMed School, Blood and Plasma Department, Bethesda, Md., 13 Feb. 1945.
B. (HW) Copy of memo from United States NavMed School, Blood and Plasma Department, Bethesda, Md., redisposition of liquid plasma, 18 Feb. 1945.

1. It is requested that a report be rendered to the Bureau of Medicine and Surgery on or about 31 Mar. 1945 as to the possibility of designating one or more naval hospitals in your district to prepare and supply liquid plasma for all other naval medical activities within your district.

2. Enclosures A and B contain additional details as to preparation, storage and distribution of liquid plasma.—W. J. C. Agnew.

Enclosure A

MEMORANDUM for Rear Admiral W. J. C. Agnew (MC) USN.

Subj.: Liquid plasma, supplying of to naval medical activities in the United States.

1. It is suggested that all district medical officers be asked to report to the Surgeon General on or before 31 Mar. 1945 the possibilities of designating one or more naval hospitals in each district to prepare and supply plasma for all other naval medical activities in that district.

2. Such plasma would be prepared in accordance with the best currently accepted technics such as described in the Office of Civilian Defense Technical Manual "The Operation of a Hospital Transfusion Service" (OCD Publication 2220—Mar. 1944) and should conform to the standards set forth in the National Institute of Health "Minimum Requirements: Unfiltered Normal Human Plasma" (4th revision 1 May 1944).

3. Under no conditions would plasma prepared by the district activities be issued to or used aboard any ship. Medical activities afloat would continue to obtain their entire plasma supply from the naval medical supply depots.

4. The Blood and Plasma Department, Naval Medical School, would supply plasma for the Severn and Potomac River Commands and would serve

in an advisory capacity on any problem of plasma preparation and distribution submitted by the various activities.—*Sam T. Gibson.*

Enclosure B

MEMORANDUM for Rear Admiral W. J. C. Agnew (MC) USN.

Subj.: Liquid plasma, disposition of excess stores of.

Ref.: Memo to Admiral Agnew, 13 Feb. 1945, "Liquid Plasma, Supplying of to Naval Medical Activities in the United States."

1. It is suggested that if and when naval activities in the United States report excess stores of plasma, the district medical officer of that district be requested by the Surgeon General to report the exact amount of excess material and the possibility of distributing it within the district to other medical activities according to plan described in reference memorandum.

2. In estimating amount of excess material, district medical officers should be reminded that liquid plasma carries a 2-year dating period and may be successfully used to treat shock even when 3 years old.

3. Excess stores of plasma should be avoided by careful estimates of future needs and a reduction in bleeding if necessary.

4. Failing to dispose of excess supplies by distribution within the district and reduction of bleedings, any remaining excess can be shipped to the Blood and Plasma Department, Naval Medical School, for further disposition.—*Sam T. Gibson.*

JOINT LETTER ; BuMed-BuPers

45-56—Physical Examination of Enlisted Personnel to Prevent Physically Unqualified From Being Sent Overseas

Pers-6303-DW, P3-2; 28 Feb 1945

To: All ships and stations.

Ref.: (a) BuPers conf. ltr. Pers-68-MJB (1), P16-3/MM, 13 Oct. 1944.

1. Numerous reports of receipt of men in the overseas areas who are not physically qualified to perform all their duties, have been received by the Bureau of Naval Personnel. In reference (a) corrective measures were prescribed by BuPers to certain addressees. Reference (a) is hereby canceled inasmuch as the instructions are incorporated herein.

2. In view of the transportation involved, the unwarranted burden on medical facilities in advanced areas and the present congestion of men awaiting medical or dental treatment in those areas, it is extremely urgent that steps be taken to prevent transferring such men overseas.

3. The primary responsibility for the correction of the physical defects is vested in the commanders of the naval training centers at which recruits receive their first training.

4. The final responsibility for the correction of the physical defects is the activity having control of such personnel at the port of embarkation, under instructions prescribed by the appropriate district commandant to whom such activity is responsible. A careful examination of overseas drafts will be made at embarkation ports and the physically unfit eliminated.

5. It is expected that activities through which personnel pass, between the two responsible commands above mentioned will conduct necessary examinations to correction, within reasonable limits, such original defects as may have passed inadvertently at an earlier command. Men who have minor correctible defects other than of a communicable or contagious nature, and for which treatment has been instituted, may be considered fit for transfer if the ship or station to which they are being transferred has proper facilities for their further care, should it be necessary. A note giving the pertinent clinical facts should be entered in the man's health record, and in addition, a letter should be forwarded to the medical officer of the ship or station to which transfer is being made, showing that the man is under treatment for the minor disability. Personnel should be considered not physically qualified for such transfer if they present conditions of more serious import which require hospitalization or prolonged treatment. Thus, individuals requiring essential dental treatment or presenting a large hydrocele or varicocele, or a hernia, or extensive skin disease are usually to be considered unfit for overseas duty.

6. In order to remedy major dental defects for subject personnel, dental officers are directed to render adequate dental service, insofar as the facilities of their stations permit, and to make certifications on the H-4's of such individuals as follows:

Station _____ Date _____
Essential dental treatment, operative, and prosthetic, completed this date.

(Signature)
—Randall Jacobs and W. J. C. Agnew.

45-57—Prisoners of War; Use of

QW20/A14-6; 1 Mar 1945

To: NavHosp (all types continental).
NMDS (Continental).

Encls.: A. (HW) SecNav Serial 1333330—Op-2BK2-MCW, 17 Oct. 1944.
B. (HW) CNO Serial 42630—Op-2BK2-VS/CMO, 2 Feb. 1945.

1. A number of Medical Department activities are located in areas where there is an acute manpower shortage. The Bureau recommends and encourages the use of prisoners of war in those activities in which there is a shortage of civilian employees and/or enlisted personnel.

2. Enclosure A outlines the types of duties which may be performed by prisoners of war and the procedures to be followed in making application for prisoners of war. Enclosure B offers additional information and supplements enclosure A regarding the application for and use of prisoners of war.

3. It will be noted that prisoners of war are not to be used in performing personal services of any nature for officers or enlisted men, and should not be used in the wards. Prisoners of war have been found useful in handling stores, repairing motor vehicles, in laundries, as cooks and messmen, and in essential upkeep of buildings and grounds.

4. To expedite requests for assignment of prisoners of war it is important that the instructions and procedures of enclosures A and B be followed closely—*Ross T McIntire*.

NAVY DEPARTMENT
WASHINGTON

Op30-2BK2-mew/dv

Serial 1333330

17 October 1944

From : The Secretary of the Navy.

To : All bureaus, boards and offices, Navy Department.
Commandants all naval districts and navy yards.

Subj. : Prisoners of war—Use of.

Ref. : (a) SecNav. ltr. ser 192313-Op13A/eah, 29 June 1944.

1. Reference (a) is hereby canceled.
2. It is desired that addressees consider the utilization of prisoners of war, made available to the Navy by the War Department, to relieve acute shortages of available manpower in those shore establishments under their cognizance. The United States Army has successfully offset this current labor shortage by the employment of prisoners of war in over 300 Army installations.
3. By letter dated 15 May 1944, the Secretary of War expressed concurrence in and aproval of the use of available prisoners of war by the Navy. On 14 Sept. 1944, the War Department by circular letter, authorized the commanding generals of the service commands of the areas in which the requesting activity is located and the Military District of Washington to furnish prisoner of war labor for essential work of the Navy upon receipt of a request approved by the Secretary of the Navy. This labor will be furnished by work details from an Army prisoner of war camp or by the establishment of a prisoner of war camp on a Navy establishment.
4. Attention is invited to Prisoner of War Circular 21, dated 11 Apr. 1944, which formulates the basic regulations adopted by the Army for the installation of a post prisoner of war camp. Copies may be obtained from the commanding general of the local service command or from the Chief of Naval Operations.
5. Prisoner of war camps on a Navy establishment will be commanded by an Army officer who will conform to such local regulations of the commanding officer of the Naval establishment as may be applicable to prisoner of war camps. The commanding general of the service command or his designated representative will be responsible for the internal administration of such camps including court martial jurisdiction and other disciplinary actions as set forth in prisoner of war circulars and will always have the right of inspection of prisoners of war wherever located. Jurisdiction involving matters as security, housing, feeding, and liaison with the Army will be vested in the commandant of the naval district containing the agency requesting assignment of the prisoners.
6. In addition to complying with the general policies and procedures of the War Department relating to the employment of prisoners of war, the using activity will also be governed by the following:
 - (a) No transfer of funds between the Navy and War Department will be made for any reason.
 - (b) The War Department will furnish camp overhead personnel and camp guards.

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(c) The using activity will provide guards during periods of employment outside prisoner of war camps (limited service personnel who are incapacitated from duty of a more active nature in the ratio of 1 per 10 prisoners of war have been found satisfactory and adequate security).

(d) The War Department will pay the wages of prisoners of war and War Department personnel assigned to a prisoner of war camp located on an establishment of the Navy.

(e) The using activity will furnish tools, equipment, and transportation for work details.

(f) When a prisoner of war camp is located on a Navy establishment the activity will furnish quarters and will be responsible for the maintenance of the camp property.

(g) Hospitalization of prisoners of war, and for the guard and overhead personnel quartered at a Navy establishment, will be the responsibility of the Navy except in cases where prolonged hospitalization is necessary, in which case the individual will be returned to the Army service command.

7. Prisoners of war can be employed on essential skilled work of the types permitted by the Geneva Convention. Essential work is that which would have to be done whether or not there were any available prisoners of war. This does not include personal services of any nature for officers or enlisted personnel. Prisoners of war cannot be employed on work *directly* contributing to the war effort nor on work that is unhealthful or dangerous. *Security considerations dictate that they should not be used in locations or on work where they could secure classified information or have an opportunity to commit acts of sabotage.* The Army has found prisoners of war useful in handling stores, repairing motor vehicles, in laundries, as cooks and messmen, and in the essential upkeep of buildings and grounds.

Prisoners of war can be utilized:

1. For displacing troops.

2. Generally speaking, prisoners of war will be used only in critical labor areas or where it is apparent to all that civilian labor will not be displaced. However, they may be utilized in lieu of civilians in military establishments located in surplus labor areas when:

(a) Civilians cannot be employed because:

(1) The civilian allotment authorized for that installation is exhausted.

(2) There are no appropriated funds to pay civilians. (Reference) : Prisoner of War Circular No. 24, dated 24 Apr. 44—Employment of prisoners of war on paid work at military installations. (Reference) : Prisoner of War Circular No. 1, dated 24 Sept. 43—Regulations governing prisoners of war.

8. The request shall indicate:

(a) The number of prisoners of war desired (i. e.: experience has shown that of the total number of assigned prisoners of war, 10 percent must be detailed for housekeeping and mess duties and 5 percent discounted because of sickness) ;

(b) The naval activity in which their use is proposed;

(c) The nature of the work;

(d) The approximate period of employment;

(e) The hours of work;

(f) The housing and security facilities available or the necessity for provision therefor.

9. Request for assignment of prisoners of war for a shore establishment will be forwarded by the requesting agency via the commandant of the naval district containing the requesting agency who shall forward it with appropriate recommendation to the Assistant Secretary of the Navy, via the bureau or office having cognizance of the requesting agency, and via the Chief of Naval Operations. The Chief of Naval Operations will review and endorse the request from the standpoint of geographical location and security. The Assistant Secretary of the Navy will either approve or disapprove the use of such prisoners in the light of labor utilization policy, and if approved will forward the request with favorable endorsement to the commanding general of the army service command of the area in which the requesting activity is located. If the request is denied it will be returned via the commandant of the district containing the requesting activity.—James Forrestal.

Enclosure B

2 Feb. 1945.

RESTRICTED

From: Chief of Naval Operations.

To: All bureaus, boards, and offices, Navy Department. Commandants of all naval districts, Potomac River Naval Command and Severn River Naval Command. Commandants of all navy yards. All naval air training commands.

Subj.: Prisoners of war—Use of.

Ref.: (a) SecNav Serial 1333330-Op30-2BK2-mew. 17 Oct. 1944.

Encl.: (A) Prisoners of war in custody—continental United States, etc.

1. Reference (a) recommended that addressees consider the utilization of prisoners of war to relieve existing manpower shortages at activities under their cognizance. Enclosure (A) is submitted for information, in that it attempts to illustrate the total number of prisoners of war, the use which will materially off-set critical personnel shortages.

2. Numerous questions have been raised by naval establishments now employing or contemplating the use of prisoners of war. In order to clarify the general utilization of prisoners of war and by way of supplementing reference (a), the following information is submitted:

(a) There are two (2) methods by which naval activities may avail themselves of prisoners of war:

1. By daily transportation from a neighboring Army camp or
2. By the installation of a prisoner of war camp on the naval station.

In the first instance, the Navy is responsible for providing the means of transportation. Army posts will furnish the working details with a prepared noonday lunch.

In the latter case, as is mentioned in reference (a), the Navy is responsible for quartering and messing assigned prisoners, in addition to providing tools for working parties and temporary medical attention when necessary. The Navy is, moreover, responsible for safe-guarding prisoners of war while outside the prisoner of war compound. The Army in turn, is charged with furnishing guards while prisoners are within the compound,

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detailing administrative and houskeeping personnel, and the payment of the prisoners' daily wages.

(b) Prisoners of war may properly be employed at naval installations to augment but not replace civilian labor. It is suggested that prisoners of war be utilized wherever civilian labor is unobtainable. Prisoners of war may be employed to replace civilian labor if such replacement will release civilian labor for employment on work for which prisoners are neither suitable or adaptable.

(c) In view of the above paragraph, it is felt that labor unions will voice no objection to the use of prisoners of war. Where prisoners of war are engaged within a military installation, the use of prisoners makes possible operating the naval establishment with a minimum of service personnel. Moreover, prisoners are generally engaged on projects of an unskilled nature, labor for which unions are unable to furnish. The fact that prisoners of war are being utilized by approximately 400 Army and 25 naval installations throughout the country, would indicate that there is little foundation for objections.

(d) It is recommended that prisoners of war work the same number of hours as comparable civilian labor on the station performing similar tasks. There is no objection to prisoners working "round-the-clock" shifts, and many prisoners are now engaged in laundries, bakeries, and other activities requiring 24-hour-a-day operation.

(e) Tentative plans provide for the retention of prisoners of war after the cessation of hostilities in Europe for a reasonable period of time. Consequently, plans for the utilization of such labor may be projected until such time as civilian labor is obtainable.

(f) Reference (a) pointed out that for security considerations, a ratio of 1 guard for every 10 prisoners of war had been found satisfactory. This ratio was predicated on an Army formula, established almost 2 years ago, when fear of sabotage and the compromise of classified matter was foremost in mind. Since neither the Army or the Navy has experienced a single act of sabotage from a prisoner of war, the above ratio has been extended until today there are as few as 1 guard to every 25 or 35 prisoners of war, and at many installations guards have been eliminated entirely by establishing the policy of "calculated risk." Under this latter system a token guard will periodically check each work detail, to insure that "all hands" are accounted for. This policy permits the use of details as small as one or two men. Moreover, experience has proven that the German prisoner performs most efficiently when not closely guarded.

(g) If appropriate housing is unavailable for quartering prisoners of war, an appropriation may be requested of the bureau having cognizance over the using activity. It is not necessary that such housing be of a permanent nature, several naval establishments having solved this problem by appropriating Quonset or prefabricated huts and other temporary structures from surplus Army property and reerecting the same on the naval establishment at nominal cost. In one instance, several installations jointly constructed one central camp from which each activity draws its daily requirements.

(h) For the sake of economy, prisoners of war can be employed in the construction of their own camp. For this purpose the cognizant Army service command will furnish an advanced contingent of prisoners qualified in the necessary building skills. Moreover, while the camp is under construc-

tion, these prisoners can be quartered in tents or under other temporary shelter, consistent with reasonable security.

(i) When a prisoner of war camp is established on a naval installation, it is in all respects, a self-sustaining unit. With the detail of assigned prisoners will be included cooks, bakers, mess attendants, hospital corpsmen, etc. It is important to bear in mind that in ordering prisoners of war, 10 percent must be discounted because of such housekeeping duties and an additional 5 percent because of illness.

(j) The current policy of BuPers is that use of prisoners of war is not justification for reducing the authorized complement of the using activity. However, BuPers has requested that if the use of prisoners subsequently permits a reduction of complement that the activity cooperate in making naval personnel available for other assignments.

(k) Language difficulties have not proved an obstacle in the use of prisoners of war. A large percentage of the German prisoners have a speaking knowledge of English, and one such member can be assigned to each working detail. Moreover, the supervisor of the particular detail is usually able to acquaint the prisoners with the job to be done by means of actual demonstration.

(l) Prisoners of war are classified and utilized according to their particular civilian skills. It is, therefore, important that a request for prisoners of war contain a list of the type projects upon which they will be employed, so that efforts may be made to furnish labor according to the skills or semi-skills necessary. In addition, hospital corps men for the maintenance of a prisoner of war dressing station, must be ordered in desired numbers.

(m) As in the case of any newly assigned personnel, brief instruction in the prescribed task is recommended, and adequate subsequent supervision by a responsible civilian or enlisted personnel is essential to its proper discharge.

(n) Reference (a) makes the using activity responsible for the messing of assigned prisoners. In this connection, prisoners of war subsisted in Navy general messes should be considered supernumeraries. Rations issued prisoners of war will be accounted for in accordance with instructions contained in the Bureau of Supplies and Accounts Manual. (See Public Law 347, 78th Cong. of 22 June 1944 and article 874-5 USN Regulation 1920.)

(o) In the event that the number of prisoners of war initially requested subsequently prove insufficient, a new request for additional prisoners of war should be initiated containing the same information as was submitted in the first request and routed through the same channels.

(p) The War Department has made available facilities for the monthly training of five naval officers by their admission to the 3-week prisoner of war administrative officers course convened, on or about the 10th day of each month, at the Provost Marshal General's Office, Fort Sam Houston, San Antonio, Tex. It is suggested that activities employing or contemplating the use of prisoner of war labor, interested in nominating candidates for this training, submit the name, rank, and serial number of such nominee at least 2 weeks in advance of the convocation date.

(q) Private contractors engaged on Navy contracts may avail themselves of the use of prisoners of war. In this case, however, the request should be made directly to the commanding general of the local Army service command and the necessary arrangements made through his office. In this case, the contractor is required to pay to the War Department the prevailing wage for

labor of that type and transportation. If, however, the work is being performed by a Government agency, other than the Army or Navy, the War Department receives reimbursement at the rate of 80 cents a day plus the value of rations issued the prisoners by the Army. As was pointed out above, where such prisoners are utilized by a naval installation, there is no exchange of funds between the Navy and the Army, and the Army pays the prisoners of war the 80 cents a day.

3. Prisoners of war have been proven suitable for any type of authorized work and in most cases are superior to the civilian labor available today. The number of such prisoners for distribution among naval activities is practically unlimited. As of this writing some 25 naval installations, which were suffering acute manpower shortages, have relieved this condition by the successful employment of approximately 5,000 German prisoners of war. It is strongly recommended to other activities similarly undermanned, that the use of prisoner of war labor is capable of off-setting this condition to a large extent. It is the opinion of this office that their use is capable of solving a large percentage of existing labor supply deficiencies and consideration of their use is strongly recommended. Present trends indicate that there will soon be a serious shortage of naval personnel.

4. Representatives from the Office of the Chief of Naval Operations are available for the assistance of those activities desirous of availing themselves of this ready source of labor and for the dissemination of such additional information as is deemed necessary.

5. In order to further the program outlined above, it is requested that addressees give wide dissemination and general distribution to the information contained herein.—F. J. Horne.

45-58—Armed Guard Personnel; Indoctrination of in Malaria and Other Diseases

A16/P3-3; 1 Mar. 1945

To: ND's (less 10, 14, 15, 17).

Encl.: A. (HW) Copy of CNO Armed Guard Bulletin 62-44, Malaria Control and Treatment, 2 Dec. 1944.

1. Deficiencies in precautionary measures against malaria and other diseases among Armed Guard personnel have come to the attention of the Bureau of Medicine and Surgery.

2. Specific instances include failures to obtain inoculations against typhus and cholera, boosters for typhoid, and vaccinations for smallpox. Medical supplies, such as insect repellent, aerosol insecticide, insecticide powder, antiseptics, sulfadiazine, bismuth, paregoric mixture, and VD prophylactic tubes are often inadequate or lacking. Proper screening and use of bed nets against mosquitoes and flies are frequently omitted. Apparently many of the officers have no idea of how to instruct their men to avoid malaria, dysentery, typhus, plague, and cholera.

3. Attention is invited to the fact that no medical corps or hospital corps personnel are available to Armed Guard crews, except in port, and therefore, more intensive training in all phases of disease control is needed.

4. It is requested that malaria indoctrination officers be instructed to contact all Armed Guard schools and centers in their respective districts and

that, in addition to malaria indoctrination, all possible assistance be given for instructing personnel in first aid and the prevention of other tropical diseases.—*Ross T McIntire.*

Enclosure A**RESTRICTED****2 Dec. 1944**

From: Chief of Naval Operations.

To: Armed guard officers.

Chief of Naval Operations Armed Guard Bulletin 62-44.

Subj.: Malaria control and treatment.

Refs.: (a) BuMed ltr. P2-3/P3-1, 25 Nov. 1944.

(b) CNO Armed Guard Bulletin 42-44, 5 Aug. 1944.

(c) General Instructions for Commanding Officers of Naval Armed Guards on Merchant Ships, 1944, Fourth Edition.

(d) BuShips type allowance list for armed guard units, Navy communication liaison groups, and convoy commodores assigned to merchant ships, 15 Oct. 1943.

1. The following information on the treatment, suppression, and control of malaria is quoted from reference (a) and is issued in addition to the subject instructions contained in references (b) and (c):

2. Treatment of Acute Malaria Cases

Symptoms.—About 12 to 21 days (or more) following the bite of an infected mosquito, the patient feels bad, develops moderate to severe chill, followed by much aching and high fever for several hours. The fever is terminated by severe sweating and after first chill the patient may feel fairly well for 2 to 3 days when the chill-fever cycle repeats itself.

When to begin treatment.—As soon as the disease is strongly suspected of being malaria. Do not wait for second chill; even with treatment begun early, patient will frequently develop a second chill-fever sequence.

Dosage.—Atabrine 0.2 gram (2 tablets) by mouth every 6 hours, night and day, until 5 doses have been given; then give 0.1 gram (1 tablet) 3 times daily (after meals) for 6 days (total of 2.8 grams in 7 days). Subsequently, suppressive dosage (0.1 gram daily) should be given until the ship reaches port, where the patient should be seen by a medical officer.

Quinine (if atabrine is not available) may be given: 1.0 gram (15 grains) after meals 3 times daily for 2 days, followed by 0.6 gram (10 grains) 3 times daily after meals for 5 days.

3. Suppression of Malaria

While taking atabrine, persons infected with malaria do not develop malaria symptoms. Malaria, however, may develop after the drug is discontinued. Armed guard personnel, when entering a port known to be dangerous for malaria, may take suppressive atabrine as follows:

Method: Either take 0.1 gram (1 pill) 4 times a day for 2 days before arriving, or (if time allows) take 0.1 gram twice daily for 5 days before arrival. Following this, take 0.1 gram daily (after meals) 7 days a week; this should continue during the stay in a port and for 4 weeks after departure.

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NOTE.—The suppression of malaria does not in any way detract from the importance of protecting the individual from mosquito bites (as outlined below).

4. *Protection of the individual against mosquito bites*

(a) *Avoid exposure, during dawn, dusk, and dark.*—In highly malarious ports, liberty should never be granted during these hours. Wherever possible, ships should not berth close to shore in such ports. Clothing protects against mosquitoes—long sleeves and pants, socks, etc.

(b) *Bed nets* should be used routinely and should be kept in a good state of repair.

(c) *Repellants* are liquids which, when applied to the exposed skin as a thin film, drive mosquitoes away before biting occurs. About $\frac{1}{2}$ teaspoonful is poured into the palm, hands are rubbed together, and then hands are passed over face, neck, ears, ankles, and other exposed parts. A stinging sensation occurs if material is allowed to get into the eyes or nose. Repellancy lasts from $1\frac{1}{2}$ to 3 hours; sweating decreases the persistency.

(d) *Screening.*—All screening of quarters should be kept in good repair.

(e) *Kill mosquitoes in living spaces.*—Aerosol bombs now supplied for this purpose are not effective against flies, but are very useful against mosquitoes. Six seconds' spraying is adequate for killing all mosquitoes in 1,000 cubic feet of interior space. Effectiveness is only slight out-of-doors due to wind currents blowing the material away.

2. Commanding officers of naval armed guard crews or merchant ships sailing to ports or places in highly malarious areas may obtain a supply of insect repellent, Medical Supply Catalogue Stock No. S13-450, from nearby medical facilities or from the port director at one of the following ports: New York, N. Y.; Norfolk, Va.; New Orleans, La.; Seattle, Wash.; San Francisco, Calif.; and Balboa, C. Z. The allowance will be three bottles of 2-ounce capacity for each member of the armed guard.

3. A mosquito net will be provided for each member of the armed guard on vessels sailing to ports or places in the highly malarious areas on the West Coast of Africa. The nets will be included in the Bureau of Ships type allowance list for naval armed guards and communication liaison personnel, reference (d).—*V. D. Chapline.*

JOINT LETTER : BuMed-MarCorps

45-59—**Screening of Enlisted Personnel in Training Commands, Camp LeJeune and Camp Pendleton, and Disposition of Those Found Not Physically Qualified for Duty Overseas**

P16-3/MM(034-43); 2 Mar. 1945

To : Camp LeJeune, N. C.
Marine Training and Replacement Command, San Diego Area.

Encl.: A. (HW) MarCorps ltr. AO-801-kb, 22 Feb. 1945.

1. Enclosure A established a policy by which enlisted personnel will be assigned to training commands for further training and screening prior to debarkation for overseas areas.

2. Personnel who are found to be not physically qualified for overseas duty and who are not in need of hospital treatment shall be brought before boards of medical survey established at the dispensaries within the training commands. The boards of medical survey shall be composed of medical officers attached to the commands and, insofar as possible, of medical officers who have had experience in the field with Marines.

3. The boards of medical survey shall make appropriate recommendations with a view to separating from the service those individuals considered not physically qualified for overseas duty. In evaluating the physical fitness of personnel for overseas duty, it is not necessary that standards of physical fitness for combat duty be used. There are many assignments in overseas including active combat commands which can be filled by personnel not possessing the stamina, emotional stability, or personality adjustment required in front line combat troops.

4. There will be a group of noneffectives who have previously rendered satisfactory service but who are not only no longer capable of performing the duties of their rank, but also are not suited for any further assignment. Such individuals, who have sustained a reduction in their efficiency to the point of noneffectiveness by prolonged stress of duty and situational factors which are incidents of the service, should, if they present no incapacitating physical or mental illness, be recommended for separation from the service under the term "No disease" (unsuited for further useful service in United States Marine Corps). It is the policy of headquarters, Marine Corps, to discharge such cases for the convenience of the Government.

5. This procedure shall also be used to effect disposition of those non-effectives whose ineffectiveness is attributed to personal situational factors not incident to service, and of those whose capacity to meet service demands results from poor motivation, poor early training in the acceptance of responsibilities, undesirable personality traits and habits of character, or low morale and antisocial behavior. These individuals should be reported upon by a board of medical survey under an appropriate diagnostic term indicative of disability or a statement made to the effect that they have no disease and are considered unfit by reason of unsuitability or inaptitude, or because of undesirable traits. It is the policy of headquarters, Marine Corps, to discharge such men as "Unsuitable" or "Inapt," under honorable conditions, or as "Undesirable."—A. A. Vandergrift and Ross T McIntire.

45-61—Physical Training in Naval Hospitals

P11-1/P10-1; 3 Mar 1945

To: NavHospitals (all types continental)

Ref.: (a) BuMed ltr. P11-1/P10-1 (102), 23 Oct. 1944.

1. The Bureau requests information as to the suitability of the complements established, as stated in paragraph 9 of reference (a), for the needs of the hospital. Such information should include the number of officers and of enlisted men (physical training) in authorized complements, the number now on board, and the number considered proper for conducting this phase of the rehabilitation program.

2. WAVE personnel have not been assigned by the Bureau to this phase of the program. An expression of opinion is requested as to the need for physical training and the number considered necessary. Due consideration should be given to the number of female service patients usually in the hospital.—*Ross T McIntire.*

45-65—Organizations, Associations and Other Agencies Granted Recognition Under Authority Contained in Section 200 Public Law No. 844—74th Congress, in the Presentation of Claims Under Statutes Administered by the Veterans' Administration

BuMed Cir Ltr P16-1/P4-4, 6 Mar 1945.

To: NavHosp (all types continental).

Ref.: (a) SecNav ltr. 44-960, published in the Navy Department Bulletin, vol. 4, 31 Aug. 1944.

1. Attention is directed to Veterans' Administration Bulletin Number 18-C of 11 Nov. 1943 and supplements thereto, which contain a complete listing of subject organizations. This bulletin, which can be obtained by the representative of the Veterans' Administration assigned to the hospital, should be referred to in furnishing information to patients in process of being discharged from the service.

2. Attention is also directed to paragraph 3 and 4 of reference (a) and to section XIII of enclosure B to reference (a).—*Ross T McIntire.*

45-68—Transfer of Naval and Marine Corps Patients in Veterans' Administration Facilities

P3-5/P19-1 Mar. 1945

To: NavHosp (all types continental).

Ref.: (a) BuMed and BuPers joint letter, 27 Jul. 1943.
(b) BuMed and MarCorps joint letter, 19 Aug. 1943.

Encl.: A. (HW) Copy of a letter addressed to the Medical Director, Veterans' Administration, by the manager, Veterans' Administration facility, Los Angeles, Calif.

1. Enclosed herewith is a copy of a letter from the manager of the Veterans' Administration Facility at Los Angeles, Calif., which has been brought to the attention of this Bureau by the Medical Director of the Veterans' Administration.

2. References (a) and (b) direct that Navy and Marine Corps patients who have been found to be permanently unfit for the service by a board of medical survey and who are in need of further hospitalization shall be transferred to a Veterans' Administration facility *prior to discharge* provided:

(a) They are eligible for care and treatment by the Veterans' Administration.

(b) They desire to be so transferred.

(c) The transfer will not endanger the patients' life or recovery.

(d) The report of medical survey has been approved by the Bureau of Medicine and Surgery, and the patient's discharge directed by the Bureau of Naval Personnel or the Commandant of the Marine Corps.

3. Patients who do not require further hospital care should not be transferred to Veterans' Administration facilities, nor should a patient be so

transferred unless he is willing to go even though he may be in need of further hospital care. As pointed out by the manager of the facility at Los Angeles, the Veterans' Administration has no authority to hold such patients against their will.

4. Patients who are in need of further hospital care should, however, be informed that they cannot be retained in the naval hospitals following their discharge from the service and that they must make other arrangements for their continued care if they do not desire to be transferred to a Veterans' Administration facility. A limited number of such persons may, of course, be retained following their discharge from the service in those hospitals where by prior arrangement between the Secretary of the Navy and the Administrator of Veterans' Affairs a certain number of beds have been set aside for disabled veterans. Each case so retained, however, requires a specific individual authorization from the Veterans' Administration regional office.

5. If it should become necessary to discharge a patient from the service who is in need of further hospital care and who is not eligible for admission to a Veterans' Administration hospital, e. g., one who is given a bad conduct or dishonorable discharge, his case should, unless other arrangements can be made for his continued care such as transfer to a private or a state hospital, be referred to the Bureau for instructions. It may be necessary for humanitarian reasons to retain such cases in naval hospitals as supernumerary patients following their discharge from the service.

6. Patients who are transferred to Veterans' Administration facilities should not be informed that they will be given passes or granted leave to go home following their arrival there. As stated in the enclosure, it is not the policy of the Veterans' Administration to issue passes to patients immediately following their arrival at Veterans' Administration facilities.—*Ross T McIntire.*

Enclosure A

VETERANS' ADMINISTRATION

LOS ANGELES 25, CALIFORNIA

January 20, 1945.

MEDICAL DIRECTOR,

*Central Office, Veterans' Administration,
Washington 25, D. C.*

DEAR SIR: The following is comment made by the physician in charge of the reception service at this facility relative to the attitude of World War II veterans that are reporting to this station from the armed former for further hospitalization:

Members of the armed forces are frequently sent to this facility for further treatment and discharge from service to be effective date of arrival here. Many of these patients do not desire hospitalization when they arrive here and leave without being admitted, others who have been admitted leave within a few hours or next day A. M. A.

We have been advising those who arrive during regular working hours that they should remain until we have had an opportunity to

examine them, but we also advise them that we have no authority to hold them against their will.

Many others tell us the Army or Navy officers have told them that they could receive a pass as soon as they get here and they are disappointed when they find such is not the case.

Many of the clinical records indicate the man has had several months of hospitalization prior to arrival here and from those records alone it is evident that the man does not require further hospitalization at time of arrival here.

It is believed that these service people should be advised prior to starting for this facility that they will not receive passes immediately on arrival here and also advise them they are being sent here for further hospitalization, as many say they have been told they would be discharged as soon as they arrive here. These patients in almost every instance, have signed a P-10 Application for Hospitalization or Domiciliary Care, so that is evidence they have been informed regarding hospitalization and their word cannot be taken at face value.

This information is furnished you for such action as you deem indicated through contact with the Surgeon General of the Army and Navy.—

R. A. Bringham.

45-71—Conservation of Fuel

L8-2/JJ7; 14 Mar. 1945.

To: NavHospitals (all types continental).

Ref.: (a) BuDocks Cir. ltr. JJ7 C-6 Cir. Ltr. 273-43, 15 Oct. 1943.
(b) BuMed ltr. P2 (B); VMA A1-1/NN(023), 29 July 1944.

Encl.: A. (HW) Copy of ref (a).

1. Subject procedure has become extremely important since the supply of all types of fuel is now very critical. Natural gas became so short in the month of January that marked reduction was experienced in the amount of important supply items received by the Navy. Coal production during the past 2 months was approximately 12 million tons less than during the corresponding period last year. The recent severe weather and abnormally heavy snows have caused a loss of coal tonnage which cannot be made up. Fuel oil has been in short supply since 1941, and will not improve because of constantly increasing military demands. Therefore, maximum efforts toward subject end are now necessary.

2. Reference (a) details procedures which in actual practice have enabled activities employing them to conserve fuel. Therefore, it is directed that a fuel conservation officer be appointed by each addressee to institute subject program, employing the procedures of reference (a) as a guide. Accomplishment may be obtained by the methods set forth in reference (b).

3. Attention is invited to the fact that where special local problems are discovered, consultation and advice shall be requested from the office of the superintending civil engineer of the area.

4. It is further directed that a letter report be made to the Bureau quarterly, setting forth in general the steps taken, and specifying the amount of fuel saved thereby.—*Ross T McIntire.*

Enclosure A

JJ7
C-6
Cir. Let. 273-43

CIRCULAR LETTER

15 OCTOBER 1943.

From : Chief of the Bureau of Yards and Docks.
To : Addressees indicated below.
Subject: Conservation of Fuel.

1. The approach of the heating season, with the probability of a serious shortage of fuel oil, gas, and coal during the winter, places a definite responsibility on all naval shore activities to plan a workable campaign of economy in the consumption of fuels whether used for power, heat, light, hot-water production or for galley purposes.

2. It is estimated that by earnest cooperation a saving at individual activities of from 10 to 25 percent could be made in the amount of fuel ordinarily used.

3. A concrete example may be given of the fuel saving made by an activity that realized its responsibility in this regard. Through cooperation of the commanding officer and the public works officer a survey was made of the heating requirements of each building, based on a 0° day, that resulted in a peak steam load forecast of 177,000 pounds per hour. The survey showed that many buildings had excessive radiator surface. The excess radiators were blanked off, or removed to buildings where they were required. The radiators were "orificed" by the installation of a disk in the steam valve having an orifice of a predetermined size, based on a steam pressure of 5 pounds at the reducing valve to the building. A 70-square-foot radiator, for example, would have a disk inserted in the valve with a three-sixteenth drilled orifice. Calculations for the month of November showed that, based on a 0° day, 26,900,000 pounds of steam and 224,500 gallons of oil, representing approximately \$5,300.00 could be saved by orificing all the radiators. Working squads were organized to install the orifices and the heating steam required in the following month of December 1942, during several 0° days checked with the forecasted requirement. The saving during that month was estimated at 24,020,000 pounds of steam and 200,157 gallons of oil.

4. The campaign was started with a station notice quoted below which was distributed to all offices and buildings and posted on all bulletin boards together with a cartoon appealing to the individual to cooperate in the economy program.

STATION NOTICE NO. 44-43

Subject: Conservation of Fuel Oil.

1. Due to the results of the submarine campaign against tankers, it has been necessary to curtail seriously fuel oil shipments to the New England States. Fuel is being rationed throughout this State. Every gallon of oil will have to be saved for essential war purposes or a serious impairment of the defense program will result.

2. This station derives its electrical current and steam heating from boilers in our own power plant, which are fired with fuel oil. Every day thousands of gallons of oil are consumed for this purpose and the number of gallons used is directly dependent on the quantities of electrical power and steam heat required. Therefore, it is the duty of every member of the crew, every civilian employee, and every person on this station to see that the consumption of oil is reduced as far as possible.

3. This means that every unnecessary light must be turned out. It further means that all barracks and other buildings must be kept at the temperatures indicated as standard as set up by the Bureau of Yards and Docks. These temperature limits are listed below. Specific instructions for conserving heat will be issued in the near future. All personnel are advised that radiators are not to be turned on unless absolutely necessary and that there is to be no tampering with the heating equipment.

Recommended temperatures:

	<i>Degrees</i>
Machine shops -----	55 to 65
Woodworking shops -----	50 to 60
Garage -----	38 to 44
Offices -----	65 to 68
Storehouses -----	45 to 55
Dispensary -----	68 to 70
Quarters -----	68 to 70
Barracks -----	64 to 68

4. To insure that the spirit of this notice is being carried out, there will be inspections of the use of both light and heat at periodic intervals. Those persons responsible for the use of unnecessary light or heat will be reported to the commanding officer. Everyone must realize that to win this war it will take the whole-hearted cooperation of all hands to conserve critical war materials and fuels.

5. After the orificing was completed a few complaints of cold offices were received which were immediately investigated. Generally a Bristol Company portable 4-inch chart, 24 hours recording temperature instrument was placed in the room or on the desk of the complainant and the record in most cases answered the complaint. If the record showed the complainant was justified, corrective measures were taken.

6. The economy program can be divided into two major divisions:

- (1) The economical use of heat, light, power, and hot water.
- (2) The economical general of steam and power in the heating and power plants.

By far the greatest savings can be made in the economical use of heat, light, and power, after the major saving is made, as by orificing, etc., further savings must necessarily result from cooperation by the individual, in the closing of windows, and the turning off of radiators and of lights in buildings and offices when not actually in use. In particular, savings can be made by the economical use of lights in ceiling areas close to windows. Often such lights are burning from morning to night. The interest of the individual in this saving campaign should be maintained by posters, notices that may include some figures as to savings made, etc. In general, individuals in various offices and shops may be found who will take a per-

sonal interest in the program and keep it alive. The proper upkeep and maintenance of the steam distributing system is of course important. Proper insulation of steam lines, maintenance and repairs of leaky valves and traps, and periodic inspection reports covering these points should be made.

7. The economical use of fuels in the generation of steam and power depends ultimately on the efficient operation of the power or heating plant. For this purpose, the various shifts of the operating crew should take an interest in the economy program. Instruments indicating various quantities and qualities of steam, flue gases, pressures, etc., must be kept in order to function correctly. The proper CO₂ for the fuel used must be maintained. Steam flow-air flow meters should be watched by the firemen to indicate when to change the relation of air and fuel. Low flue gas temperature from the boilers should be obtained by proper soot blowing of the outside boiler surfaces and internal cleanliness of the boilers. Proper feedwater temperatures should be obtained with no waste of exhaust steam. Low carbon content of the ash should be obtained with stoker fired equipment. Condensers should be in condition to provide maximum vacuum obtainable, etc. In general, as the over-all efficiency of the power plant is dependent on the efficiency of each individual part of the equipment, the proper maintenance and efficient operation of each individual piece of equipment becomes a necessity.

8. All activities should institute an economy program in the use of fuels, (a) by orificing all radiators and placing the steam distributing system in proper operating condition, and promoting an educational campaign of cooperation, and (b) by taking measures to assure a definite improvement in the economy of fuel used in steam or power plants. This program should be followed up regularly to insure that satisfactory results are being obtained.

9. A brief report should be forwarded to the Bureau of Yards and Docks via the cognizant Bureau or Office as the Commandant of Marine Corps or Coast Guard on December 1, 1943, from each activity of the steps taken to save fuel.

10. The Bureau will cooperate by advice or assistance of its specialized personnel if requested.

[S] L. B. COMBS,
Assistant Chief of Bureau.
By direction.

45-72—Immunization Against Yellow Fever

P2-3/P3-1; 15 Mar. 1945

To: All ships and stations

Ref.: (a) BuMed ltr. P2-3/P3-1 (074), 13 May 1941.
(b) BuMed ltr. P2-3/P3-1 (074), 6 Aug. 1941.
(c) BuMed ltr. P2-3/P3-1 (074), 21 May 1942.

1. This directive supersedes references (a) and (b).
2. It is directed that Navy and Marine Corps personnel, civilian personnel traveling under the cognizance of the Navy Department, and dependents of

naval personnel shall be immunized against yellow fever when being transferred to or traveling through defined areas where yellow fever is endemic. The vaccine shall be given, if practicable, 10 days prior to arrival.

3. Defined areas are as follows:

- (a) In Africa and adjacent islands between 20° north latitude and 13° south latitude.
- (b) In South America between 13° north latitude and 30° south latitude.
4. Yellow-fever vaccine may be procured by submitting a separate NavMed-4 to medical supply depots or by letter to the distribution centers listed below:

Medical Supply Depot, Brooklyn, N. Y.	Dispensary, Naval Air Station, Pensacola, Fla.
Medical Supply Depot, Oakland, Calif.	Dispensary, Naval Air Station, San Juan, P. R.
Dispensary, Navy Yard, Ports- mouth, N. H.	Dispensary, Naval Training Sta- tion, Great Lakes, Ill.
Dispensary, Navy Yard, Boston, Mass.	Dispensary, Naval Training Sta- tion, San Diego, Calif.
Dispensary, Navy Yard, New York, N. Y.	Dispensary, Submarine Base, Coco Solo, C. Z.
Dispensary, Navy Yard, Philadel- phia, Pa.	Dispensary, Naval Station, Guan- tanamo Bay, Cuba.
Dispensary, Norfolk Navy Yard, Portsmouth, Va.	Dispensary, Washington, D. C.
Dispensary, Puget Sound Navy Yard, Bremerton, Wash.	Post Dispensary, Marine Bar- racks, Quantico, Va.
Dispensary, Navy Yard, Pearl Harbor, T. H.	United States Naval Hospital, Newport, R. I.
Dispensary, Naval Air Station, Jacksonville, Fla.	United States Naval Hospital, Annapolis, Md.

All ships and stations in the vicinity of the above-named activities shall procure their vaccine by having a responsible representative apply for it in person. Advanced base activities shall be supplied from the nearest overseas medical supply depot or storehouse.

5. Medical supply depots and other issuing activities shall be responsible for the proper storing, packing, and shipment of yellow-fever vaccine and shall take necessary steps to insure that the vaccine is kept at or below a maximum temperature of 4° C. (39° F.) while in transit, and shall notify the requesting activity as to expected time of arrival. The vaccine, after being received, shall be refrigerated immediately and kept at or below a maximum temperature of 4° C. (39° F.).

6. The ampules of yellow-fever vaccine supplied are of two sizes, one containing 5 cc. and the other 1 cc. of the concentrated vaccine. Each 5 cc. ampule is provided with a rubber-stoppered bottle containing 55 cc. of physiological sterile saline solution. Each 1 cc. ampule is accompanied by a smaller bottle which contains 11 cc. of the saline solution. The 5 cc. ampule, when diluted with the saline in the manner described below, will provide 55 cc. of diluted vaccine, sufficient for more than 100 injections. The 1 cc. ampule diluted with 11 cc. of the sterile saline solution is sufficient for more than 20 injections. Diluted vaccine which remains unused after 3 hours

must be discarded. While performing vaccinations, the ampule containing the diluted vaccine should be surrounded by ice, or other means of cooling.

7. The technic of dilution and injection is as follows:

(a) Using the large (5 cc.) ampule. When ready for use, sterilize, file, and break the neck of the ampule. Paint the rubber cap on the salt solution bottle (55 cc.) with tincture of iodine. With a sterile needle and syringe, remove through the rubber cap 5 cc. of the salt solution and add this to the dessicated virus in the ampule. Suspend the vaccine in the saline solution by shaking the ampule or by gently forcing the fluid in and out of the syringe. When the vaccine has been completely suspended, draw the entire contents of the ampule into the syringe and inject this 5 cc. into the salt solution remaining in the saline bottle. This will provide 55 cc. of an approximately 1:10 dilution of yellow-fever vaccine, which is ready for use. Prepare the skin at a suitable area on the arm with alcohol or ether and inject subcutaneously 0.5 cc. of the diluted vaccine.

(b) Using the small (1 cc.) ampule. Open the small (1 cc.) ampule in the same manner and using the same aseptic precautions as described above. Remove 1 cc. of the saline solution from the 11 cc. saline bottle. Suspend the desiccated vaccine in this 1 cc. of saline as above. Inject this concentrated vaccine into the 11 cc. bottle of saline and mix thoroughly as above described. This will give about 11 cc. of approximately 1:10 dilution of yellow-fever vaccine which is ready for use.

8. Technic of vaccination:

(a) Initial vaccination—one subcutaneous injection of 0.5 cc. of the diluted vaccine.

(b) Routine booster (or stimulating) vaccination—one subcutaneous injection of 0.5 cc. of the diluted vaccine 4 years after the initial vaccination if in endemic areas as defined.

(c) Emergency booster vaccination—one subcutaneous injection of 0.5 cc. of the diluted vaccine in the presence of an epidemic and when in the opinion of the medical officer the risk of infection is serious.

9. Reaction: A very mild febrile reaction may occasionally be noted in from 4 to 7 days following the injection, but the reaction is so mild it seldom interferes with routine duties.

10. The following data shall be recorded on the immunization sheet of the health record:

- (a) Name of vaccine.
- (b) Lot number.
- (c) Date of vaccination.
- (d) Signature of medical officer.

11. The following precautions shall be observed:

(a) Every precaution must be taken to avoid giving the vaccine undiluted.
(b) After an ampule of vaccine has been diluted, any vaccine which remains unused after 8 hours shall be discarded.

(c) Yellow-fever vaccine shall be diluted and injected only by medical officers.

(d) Yellow-fever vaccine shall not be given concurrently with smallpox vaccine. When both of these vaccinations are to be administered, it is suggested that yellow fever vaccine be given first and that at least 5 days elapse before the smallpox vaccination is done.—*Ross T McIntire*.

45-73—Redistribution and Disposal of Excess BuMed Property Within the Continental United States*QB/L11-3; 17 Mar. 1945*

To: NDs (Less 10, 14, 15, and 17) RivComs.

Ref.: (a) CNO ltr. Op-07bc-hkc, Serial 516-07, 8 Jan. 1945.

(b) BuMed ltr. Ng/L11-3, 15 Nov. 1944.

Encl.: 1. (HW) Subject Instructions. (Available on request.)

1. Revised Bureau of Medicine and Surgery instructions on subject are forwarded as enclosure A. Revision is in accordance with policies outlined in reference (a).

2. Reference (b) and any other BuMed directives or instructions contrary to enclosure A and reference (a) previously issued on the subject are hereby canceled. It is requested that Commandants place into effect the provisions of enclosure A insofar as they pertain to property under the cognizance of Bureau of Medicine and Surgery.—*Ross T McIntire.*

45-75—Red Cross Personnel Assigned to Navy, Marine Corps, and Coast Guard Activities—Official Status of*HJ/L16-7; 17 Mar. 1945*

To: All ships and stations.

1. In accordance with the act of 29 June 1943 and articles 1470-1478, Navy Regulations, Red Cross personnel are assigned by Red Cross National Headquarters to duty at various activities of the Navy, Marine Corps, and Coast Guard. Similar assignments are made to the Army.

2. The Red Cross uniformed professional staff consists of (1) field directors, assistant field directors, and assistants to the field director; (2) social workers; (3) recreation workers; (4) hospital workers or staff aides; and (5) secretaries, when on duty outside continental United States.

3. In order to establish a uniform personnel policy for all activities of the Navy, Marine Corps, and Coast Guard and in order that such policy may be in consonance with existing directives of the War Department, the following instructions will govern the personal relations of Red Cross professional uniformed staff with the Navy, Marine Corps, and Coast Guard:

(a) In general, if conditions and facilities permit, commanding officers are authorized to extend to the personnel listed in paragraph 2 above the following privileges and courtesies on the same basis as these are extended to commissioned personnel, subject to certain necessary modifications, as hereinafter set forth:

- (1) Ship's store and Ship's Service facilities.
- (2) Commissary stores.
- (3) Subsistence—messing facilities.
- (4) Quarters.
- (5) Medical care.

(6) Purchase from supply officers (in certain areas where other sales agencies have not been established and sales to personnel attached to a naval activity have been specifically authorized).

(b) *Ship's store and ship's service facilities.*—Such privileges may be extended to Red Cross personnel attached to or taking passage on a naval or a Coast Guard vessel or assigned to a Navy, Marine Corps, or Coast Guard activity. The families and dependents of such Red Cross personnel may be extended similar privileges as are extended to dependents of service personnel attached to the station.

(c) *Commissary store.*—Pursuant to the authority previously granted by the Secretary of the Navy, commissary store privileges have been extended to uniformed Red Cross personnel performing duties at naval activities both inside and outside of the continental limits of the United States.

(d) *Subsistence—messing facilities.*—Red Cross uniformed personnel may be accorded the privilege of the officers' mess of the ship or station to which attached or when in transit in a Navy or Coast Guard vessel, by payment of the same charges as are made to or for commissioned officers using the mess. This also applies to hospital ships and to naval base and fleet hospitals. In naval hospitals and naval special hospitals the charge for subsistence will be as specified in the Manual of the Medical Department. On stations their dependents will be accorded such officers' mess privileges as are available to officers attached to the station.

(e) *Quarters.*—Aboard ships, Red Cross uniformed personnel will be assigned quarters as in the case of commissioned officers. Within the continental United States, living quarters in bachelor officers' quarters, as practicable, or other public quarters may be provided attached Red Cross uniformed personnel when available and when adequate quarters are not available outside the reservation. By "adequate" quarters is meant suitable and available quarters within a reasonable distance from the station with satisfactory transportation facilities. Such quarters, when assigned, will be assigned without charge where no charge is made to commissioned naval personnel occupying similar quarters. Where a charge is made to naval personnel for quarters, it is expected that Red Cross uniformed personnel will meet such charges.

(f) *Medical care.*—Red Cross uniformed personnel serving at Navy, Marine Corps, or Coast Guard activities within the continental United States shall be afforded necessary first-aid measures and emergency hospitalization. For medical care and treatment other than admission as in-patients (hospitalization) to naval hospitals or naval dispensaries, no charge shall be made. For hospitalization Red Cross personnel shall make payment at the interdepartmental reciprocal hospitalization rate fixed annually by the Federal Board of Hospitalization, and collection of this hospitalization charge shall be made locally in accordance with existing instructions regarding hospitalization of supernumerary patients. When serving in a locality where civilian medical service is not obtainable, as on board naval vessels and in certain instances outside the continental limits of the United States, Red Cross uniformed personnel shall be afforded without charge the same medical treatment as is afforded naval personnel, except that dental treatment shall be limited to that required for the relief of pain or other emergency measures.

4. Within the continental United States the nonuniformed clerical staffs of the Red Cross employed by the Red Cross and working in the Red Cross offices within an activity of the Navy, Marine Corps, or Coast Guard may be accorded only such of privileges and facilities above described as are available to the civilian employees of the activity and subject to such

charges as civilian employees are required to pay; provided, however, that nonuniformed Red Cross personnel shall not purchase provisions or other stores from Navy commissary stores or from other Navy supply activities unless specifically authorized by the Secretary of the Navy in accordance with article 1309-3, Bureau of Supplies and Accounts Memoranda.

5. The foregoing privileges may be extended only upon proper identification of Red Cross personnel or their families and/or dependants and upon written permission of commanding officers.

6. Any existing regulations or portions thereof which may be in conflict with this letter are hereby modified and superseded accordingly.

7. The following circular letters issued by the Bureau of Medicine and Surgery are specifically modified and superseded to the extent that they may be in conflict with this letter:

(a) Assignment of Quarters to Red Cross Personnel Attached to Hospital—HJ/L16-7(042), 7 Feb. 1944, addressed to all NavHospitals, NavSpHospitals, Naval Base Hospitals, and Fleet Hospitals.

(b) Assignment of Red Cross Personnel With Medical Department in Overseas Service—HJ/EF(032), 12 Jul. 1944 (N. D. Bul. 15 Jul. 1944, 44-805).

8. The Bureau of Naval Personnel regulations for Ship's Service departments ashore are specifically modified to the extent that they may be in conflict with this letter.—*H. Struve Hensel.*

45-77—Special Treatment and Convalescent Centers; Designation of and Transfer to

P16-3/P3-2; 20 Mar 1945.

To: NavHospitals (all types continental).

Refs.: (a) BUMED-BuPers-MarCorps Joint ltr. 21 Feb. 1945.
(b) Joint ltr. BuMed, BuPers-66-EIH, 12 Jan. 1945.
(c) BUMED ltr. P4-3/NH(082) 29 Mar. 1944.
(d) BUMED ltr. P2-5 P16-3(092), 29 July 1943.
(e) BUMED ltr. P4-3/NH15(082), 9 Feb. 1944.
(f) BUMED ltr. P16-3/P3-2(012), 15 Feb. 1944.
(g) BUMED ltr. P16-3/P3-2(063), 3 Mar. 1944.
(h) BUMED ltr. P4-4-P3-2(073), 4 July 1944.
(i) BUMED ltr. P4-4/P3-2(043), 5 July 1944.
(j) BUMED ltr. NH11/NH(073), 15 Aug. 1944.

1. References (d), (e), (f), (g), (h), (i), and (j) are hereby canceled and all instructions in conflict with this directive are modified accordingly.

2. The transfer of all patients contemplated herein will be requested and effected in accordance with the provisions of reference (a).

A. *Amputation cases:* U. S. Naval Hospital, Philadelphia, Pa.; U. S. Naval Hospital, Mare Island, Calif. Patients to be transferred as soon after undergoing amputation of arm or leg (in accordance with the principles of reference (c), as is practical for patient to travel.

B. *Blindness bilateral:* U. S. Naval Hospital, Philadelphia, Pa. Patients to be transferred as soon as it is determined that bilateral blindness exists or that bilateral blindness is impending. Transfer must not be delayed for definitive medical or surgical treatment. Bilateral blindness will be considered to exist when there is a visual acuity of 20/200 or less in the better eye with correcting lenses; or with visual acuity greater than 20/200 but

with limitation of field of vision such that the widest diameter of the visual field subtends an angle no greater than 20°.

C. *Deafness*: U. S. Naval Hospital, Philadelphia, Pa. Patients to be transferred as soon as it is determined that such deafness exists in order that re-education of the patient may be undertaken without delay. Deafness will be considered to exist when there is a true loss of hearing in the better ear of 30 decibels or more within the conversational range (256 to 2048), or of 3/15 or less in the better ear to whispered voice when audiometer is not available. Travel by aircraft is contra-indicated.

D. *Malignancy*: U. S. Naval Hospital, Bethesda, Md.; U. S. Naval Hospital, Brooklyn, N. Y.; U. S. Naval Hospital, Long Beach, Calif. Patients requiring treatment by radium and other related procedures to be transferred as soon as practicable. If biopsy made, forward slides and specimen of tissue.

E. *Neurosurgery*: U. S. Naval Hospital, St. Albans, N. Y.; U. S. Naval Hospital, Bethesda, Md.; U. S. Naval Hospital, Oakland, Calif.; U. S. Naval Hospital, San Diego, Calif. Patients to be transferred for neurosurgery such as peripheral nerve injuries, severe traumatic head injuries, brain tumors and spinal cord injuries.

F. *Plastic surgery*: U. S. Naval Hospital, St. Albans, N. Y.; U. S. Naval Hospital, Bethesda, Md.; U. S. Naval Hospital, Oakland, Calif.; U. S. Naval Hospital, San Diego, Calif. Patients to be transferred as soon as practicable for plastic surgery such as deforming tissue defects, bone or cartilage implants, pedicle grafts, revision of cosmetically or functionally deforming scar tissue and for prostheses such as finger, ear, nose, or artificial eye.

G. *Poliomyelitis*: U. S. Naval Hospital, Corona, Calif.; The Georgia Warm Springs Foundation, Warm Springs, Ga. Patients to be transferred as soon as practicable after the post-febrile stage of the disease and patients are in condition to travel. To transfer to the Georgia Warm Springs Foundation, Warm Springs, Ga., prior arrangement by the Bureau of Medicine and Surgery is required and Report of Medical Survey must be submitted for Bureau approval, paragraph 6, reference (a).

H. *Psychotic cases*: U. S. Naval Hospital, Bethesda, Md.; U. S. Naval Hospital, Mare Island, Calif.; Navy Unit, U. S. Public Health Service, Hospital, Fort Worth, Tex. Patients to be transferred in accordance with the provisions of references (a) and (b).

I. *Rheumatic fever*: U. S. Naval Hospital, Dublin, Ga.; U. S. Naval Hospital, Corona, Calif.

J. *Tuberculosis*: U. S. Naval Hospital, Sampson, N. Y.; U. S. Naval Hospital, Corona, Calif. Patients to be transferred as soon as practicable for treatment, care and disposition of active tuberculosis.

K. *Convalescents*: Patients who require little treatment other than rest, climate, diet, psychotherapy or physiotherapy before being returned to duty, or other disposition, shall be transferred to special hospitals as listed. The clinical records, including X-ray films, must accompany all patients transferred to special hospitals and will be returned to the hospital from which received when patient is returned to duty or otherwise disposed of.

U. S. Naval Special Hospital, Harriman, N. Y. *Male officers only, completely ambulatory*. General medical and surgical convalescents; No N. P. cases.

U. S. Naval Special Hospital, Springfield, Mass. *Male enlisted only*. General medical and surgical convalescents. N. P. cases who have completed hospitalization and are awaiting discharge from the Naval Service.

U. S. Naval Special Hospital, Seagate, Brooklyn, N. Y. *Male officers and enlisted men.* General medical and surgical convalescents. N. P. cases who have completed hospitalization and are awaiting discharge from the Naval Service.

U. S. Naval Special Hospital, Asheville, N. C. *Officers and enlisted, including Waves.* General medical and surgical convalescents. No. N. P. cases.

U. S. Naval Special Hospital, Glenwood Springs, Colo. *Male officers and enlisted men, ambulatory only.* General medical and surgical convalescents. Equipped with hot mineral baths and physiotherapy for chronic arthritis and orthopedic convalescents. Also, N. P. cases, except psychoses, epilepsy, constitutional psychopaths and mental deficient.

U. S. Naval Special Hospital, Sun Valley, Idaho. *Officers and enlisted, including Waves.* General medical and surgical convalescents. Equipped to administer physiotherapy to orthopedic convalescents. Altitude may contraindicate certain medical cases. N. P. cases except psychoses, epilepsy, constitutional psychopaths and mental deficient.

U. S. Naval Special Hospital, Yosemite National Park, Calif. *Male Officers and enlisted men.* General medical and surgical convalescents. N. P. cases who have completed hospitalization and are awaiting discharge from the Naval Service.

U. S. Naval Special Hospital, Banning, Calif. *Enlisted men only.* General medical and surgical convalescents. N. P. cases who have completed hospitalization and are awaiting discharge from the Naval Service, and asthmatic cases that have developed while in the Naval Service.

U. S. Naval Special Hospital, Beaumont, Calif. *Enlisted men only.* General medical and surgical convalescents. N. P. cases who have completed hospitalization and are awaiting discharge from the Naval Service.

U. S. Naval Special Hospital, Santa Cruz, Calif. *Enlisted men only.* General medical and surgical convalescents. N. P. cases who have completed hospitalization and are awaiting discharge from the Naval Service.—*Ross T. McIntire.*

**45-78—Hospitalization and Medical Care of Dependents of Naval Personnel;
Current Instructions Regarding**

P3-2/NH (064-39); 22 Mar. 1945.

To: AlNavStas and MarCorps Activities.

Refs.: (a) Public Law 51, 78th Congress, 10 May 1943.
(b) Executive Order 9411, 23 Dec. 1943.
(c) BuMed ltr. A9-4/P7, 5 Mar. 1943.

Encl.: A. (HW) BuSandA ltr. L10-5 (1)/NH (AB), 7 Apr. 1943.

1. To effectuate the provisions of reference (a), "An act to provide for expansion of facilities for hospitalization of dependents of naval and Marine Corps personnel, and for other purposes," and pursuant to reference (b), "Prescribing rates for hospitalization and medical care of dependents of naval personnel and others," the following instructions are issued.

2. *Definition of "dependent":* The term "dependent" is defined as lawful wife, unmarried dependent child (or children) under 21 years of age, and

the mother and father of a member of the Navy, Marine Corps, or Coast Guard if in fact such mother or father is dependent on such member. The term "child or children" shall include a natural or adopted child or step-child. The widows of deceased Navy or Marine Corps personnel shall be entitled to medical care in like manner as dependents.

3. Eligibility: The following dependents are eligible for hospitalization:

(a) Dependents of personnel of the regular Navy, Marine Corps, and Coast Guard on the active list.

(b) Dependents of retired personnel of the regular Navy, Marine Corps, and Coast Guard on active duty.

(c) Dependents of all reserve personnel performing active duty other than training duty.

(d) Dependents of retired personnel of the regular Navy, Marine Corps, and Coast Guard, not on active duty, and of retired personnel of the Naval Reserve, Marine Corps Reserve, and Coast Guard Reserve, retired with pay, not on active duty.

(e) Dependents of enlisted personnel transferred to the Fleet Reserve or Fleet Marine Corps Reserve after 16 or more years of service.

(f) Widows of the following personnel: (a) Any person who, when death occurs, is a member, active or retired, of the Regular Navy, Marine Corps, or Coast Guard; (b) any member of the Reserve forces, when the death of such member occurs while he is on active duty which is permanent in character; (c) any member of the Reserve forces, when the death of such member occurs while he is on active duty during war or national emergency; (d) any member of the Reserve forces, not on active duty, when the death of such member occurs while he is in retired-with-pay status; (e) any enlisted person not on active duty who, when death occurs, is a member of the Fleet Reserve or Fleet Marine Corps Reserve transferred thereto after 16 or more years of service.

Dependents of Coast Guard personnel shall receive dependents care only during such periods as the Coast Guard operates as part of the Navy.

Hospitalization is not authorized for dependents of members of the Naval Reserve or Marine Corps Reserve (other than transferred members of the Fleet Reserve or Fleet Marine Corps Reserve) who are called to active duty for short periods of training duty.

Dependents of naval personnel (and Coast Guard while operating as a part of the Navy) undergoing confinement by sentence of general court-martial are eligible for medical care and hospitalization, except dependents of prisoners whose sentences of dismissal from the service have been accomplished or whose terms of enlistment expire during their confinement.

4. Dependents identification card:

(a) In making application for medical care at a naval medical activity the applicant must furnish adequate proof of relationship and dependency which will be attested by an officer. Proof of relationship and dependency are best established if the dependent is currently receiving family allowances from the Government for such dependency, or, in the case of an officer, an allotment of a substantial amount. In the absence of an allowance or allotment, other convincing proof of relationship and dependency is required.

(b) When satisfactory proof of dependency is furnished the applicant will be given a Dependent's Identification Card (NAVMED-562), that will be honored for 1 year from date of issuance at naval medical activities, having

facilities for medical care of dependents during such time as the person in the service is on active duty except in the case of widows and retired personnel. The card must be renewed after 1 year from date of issuance if dependency continues.

(c) The standard form (NAVMED-562) Dependent's Identification Card will be issued on request by naval medical supply depots to those naval medical activities providing medical care for dependents of naval personnel.

5. *Out-patient care.*—Out-patient medical service is provided by the Navy for dependents of Naval and Marine Corps personnel, as specified in paragraphs 2 and 3 hereof, only by naval medical officers at naval dispensaries, naval hospitals or other Medical Department activities of the Navy where out-patient facilities exist. This comprises treatment given at the naval dispensary, or, in emergency and at certain stations only, at the home of the patient, as distinguished from in-patient or hospital care and is not restricted to naval hospitals or dispensaries authorized for actual hospitalization of dependent patients.

6. *Designation of hospitals and dispensaries for hospitalization of dependents.*—With the approval of the Secretary of the Navy, the Surgeon General will designate the naval hospitals and dispensaries with hospital facilities to which dependents may be admitted, or withdraw such designation. In designating dispensaries for in-patient or hospital care it is necessary that:

(a) The activity be in a locality where civilian hospital facilities are inadequate.

(b) That adequate facilities are available in the dispensary.

(c) That such in-patient care can be accomplished with presently attached Medical Department personnel.

7. The commanding officer of the hospital concerned or the medical officer of the dispensary, shall determine the need for hospitalization and the availability of suitable accommodations.

8. *Type of cases to be admitted.*—Dependents shall be admitted only for acute medical and surgical conditions, exclusive of nervous, mental or contagious diseases or those requiring prolonged care on account of chronic diseases. Dental treatment shall be administered only as an adjunct to in-patient hospital care and shall not include dental prosthesis or orthodontia.

9. *Services and supplies.*—Dependents shall be entitled to receive all intramural medical and hospital services, including blood transfusions. The service of civilian specialists or the furnishing of prosthetic, orthopedic or other appliances is not authorized at Government expense. The policy to be observed in the expenditure of medical material as an incident to the hospitalization of dependents is as follows:

(a) Within the discretion of the commanding officer, specifically authorized items not on the Supply Catalog or Supplemental Supply Catalog may be purchased and dispensed.

(b) Issues shall be made only on the prescription of a naval medical officer, or naval dental officer, for use or administration under his supervision.

(c) No medical stores shall be issued on the prescription of civilian practitioners or for self-administration.

(d) In out-patient practice, only items on the Supply Catalog or Supplemental Supply Catalog or carried in stock shall be issued or dispensed.

(e) The Navy Department does not furnish transportation to and from points of hospitalization.

10. *Maternity and infant care.*—Legislation, known as the emergency maternity and infant care program, has been enacted providing funds for medical, nursing, and hospital maternity and infant care for the wives and infants (to 1 year of age) of enlisted men in the armed forces of the United States in the fourth, fifth, sixth, and seventh pay grades. The wife may have free choice, under the program, of all types of available facilities and services, including private practitioners, clinics, hospitals, and other health facilities that meet the standards established under a State plan for each type of service or facility. Authorization for the service must be obtained from the local public health agency.

11. *Charges under EMIC program.*—Naval hospitals and naval dispensaries authorized to provide in-patient care for dependents may accept patients for hospital maternity and infant care under this program by authorizations from State Health Departments (or other designated State health agencies). The authorization will state the maximum period of hospital care authorized without necessity of renewal, the initial period usually being two weeks. Naval hospitals and dispensaries will bill the State health agency under this program at the rate of \$5 per diem per patient. This per diem charge will include the mother and the newborn infant until the mother is allowed to leave the hospital. If further hospitalization of the infant is required, the per diem charge will continue for the infant. Charges at the same rate are applicable for hospitalization of infants under 1 year of age, and will include the mother of such infant if she be required by the hospital to remain with the infant. For dependents admitted as naval patients—but not through the EMIC program, the same principles will apply to the \$1.75 per diem per patient charge, payable by the patient. For children 1 year of age or over, the per diem charge is to be collected separately and apart from any charge for the mother. The EMIC program is not applicable to children over 1 year of age.

12. *Accounts.*—Funds collected for hospitalization of naval personnel are to be taken up and accounted for as public money in accordance with the instructions of BuSandA ltr. L10-5(1)/NH(AB), 7 Apr. 1943. (This letter is for application only at activities which have been authorized to hospitalize dependents. Copy enclosed.) The commanding officer, in consultation with the disbursing officer, will assign from the staff of the hospital a commissioned officer, commissioned warrant officer, or warrant officer for duty as "agent cashier" to receive the payments from/or on behalf of dependents.

13. *Hospitalization payments.*—Payment for hospitalization shall be made at the end of each week or at the end of each semimonth or monthly period as the commanding officer may direct. Payment at the close of each calendar month or prior to the discharge of the patient shall be required in all cases. The commanding officer in any case and at his discretion, may require an advance deposit of a sum sufficient to cover the probable number of days of hospitalization and may thereafter require that sufficient funds be maintained on deposit to cover additional advance periods.

14. *Accounting.*—On the last business day of each month, and at such other times as the commanding officer shall direct, sums to cover the number of hospital days accrued from the per diem rate for dependents, currently \$1.75,

shall be delivered to the disbursing officer in reimbursement of the appropriation involved as follows:

At naval hospitals:

To the appropriation "Medical Department"	<i>Per diem</i>
	\$1.75

At naval dispensaries:

To the appropriation "Medical Department"	.95
To the appropriation bearing cost of subsistence	.80

Receipts from charges under the emergency maternity and infant care program should be distributed as follows:

At naval hospitals:

To the appropriation "Medical Department"	<i>Per diem</i>
	\$5.00

At naval dispensaries:

To the appropriation "Medical Department"	4.20
To the appropriation bearing cost of subsistence	.80

15. Reports.—(a) Detailed reports of hospitalization of dependents are not required from naval hospitals inasmuch as all necessary data applicable to these patients will be reported in the Ration Record, NAVMED-HF-36.

(b) Detailed reports of hospitalization of dependents from all activities other than hospitals shall be submitted monthly. The report shall be submitted on NAVMED-HF-36, and shall indicate the total amounts which have been deposited for ultimate credit to each of the appropriations involved. The report shall also contain a statement that the sum indicated as deposited with the Disbursing Officer, has been delivered to that officer for ultimate credit to the applicable appropriations and his receipt therefor obtained prior to the close of business on the last day of the month covered by the report.

16. The Bureau of Medicine and Surgery requires more accurate information regarding medical care of dependents of naval personnel, both as to the volume of work entailed and the number of medical personnel currently assigned to this work. Ref (c) established a form, NAVMED-669, for submitting this information monthly, the first report to be submitted for month of April 1945.

17. All previous instructions issued by this Bureau concerning medical care of dependents are hereby superseded.—*Ross T McIntire*.

Enclosure A

L10-5(1)/NH(AB)

7 APRIL 1943

From: The Chief of the Bureau of Supplies and Accounts.
 To: Fleet, force, type, and sea frontier commanders.
 Commandants of naval districts, river commands, and air training commands.
 Medical officer in command, Naval Medical Center—hospitals.
 Subject: Hospitalization of dependents; accountability for funds—agent cashiers.

Enclosures: (A) Schedule of costs charged to patient's account.
 (B) Statement of agent cashier's fund.
 (C) Official receipt (S & A Form 555).

1. In order to carry out the provisions of the opinion of the Judge Advocate General in his letter JAG:J:HGM:ac, P3-2/P7(350924-5) of May 1,

1942, that the funds procured for the hospitalization of dependents of naval personnel be taken up and accounted for as public moneys, it is required that the patients' funds be taken up in the official account of the disbursing officer, deposited as a special deposit in the naval working fund to the credit of each dependent under the general caption "Patients' Funds—Naval Hospitals." Deposits in excess of the charges to such dependent shall be promptly refunded in cash. Such transactions may be handled by the disbursing officer himself or with the approval and/or authorization of the medical officer in command of the hospital concerned, the disbursing officer may appoint from personnel of the hospital complement, another commissioned officer, chief pay clerk, pay clerk or acting pay clerk as an agent cashier to perform such duties and to establish an agent cashier's fund in such amount as to enable such agent cashier to make refunds in cash to the patients and to effect change when making collections. The amount of the fund held by the agent cashier must be no larger than is necessary to meet the official needs and in no case exceed the amount of the bond of such agent cashier. Funds furnished to the agent cashier must be covered by a receipt in the form prescribed for pay clerks under Article 2118-6(c), Bureau of Supplies and Accounts Manual, or by a record of the date, number and amount of checks furnished to, and the vouchers and remittances received from such agent cashier to establish and/or maintain the funds. The agent cashier will return the fund to the disbursing officer when ordered by competent authority or when the fund is no longer required, and invariably upon the detachment of the agent cashier and/or disbursing officer.

2. The disbursing officer will charge the agent cashier with all advances of funds, collections made by the agent cashier, and disallowed items; and will credit the agent cashier with cash returned to the disbursing officer, and amounts deposited in the general depositary on Certificate of Deposit (Treasury Form 6599) to the credit of his checking account in the Treasury. The balance held by the agent cashier should be reported by the disbursing officer in his account current under the caption "Cash Otherwise Held—Agent Cashier's Funds, _____." The disbursing officer shall keep on file the commanding officer's directive, agent cashier's receipts, and records of issued checks as a proof of the funds held by the agent cashier for the account of the disbursing officer.

3. Where cash registers are not used, promptly upon the receipt of a remittance the agent cashier will issue official receipt (S & A Form 555) (Enclosure (C)), the original to be given to the remitter and the duplicate to be retained. The total of each day's collections should be deposited promptly in the Treasury or with the disbursing officer in the same form as received. This may be effected by preparing a certificate of deposit (Treasury Form 6599) as required and depositing them in a general depositary to the credit of the Treasury account of the disbursing officer; or cash in excess of the fund authorized and checks may be deposited with the disbursing officer and a disbursing officer's receipt obtained therefor. Sufficient information should be recorded on the receipt to show the details which are necessary in arriving at the amount and purpose of the remittance. All receipts must be recorded promptly on the schedule of collections (Standard Form 1026). Pending the printing and distribution of official receipt (S & A Form 555), disbursing officers may prepare their

own mimeographed forms of official receipt or use any commercial receipt available containing similar information.

4. When personal checks are included in the receipts, care should be taken to enter on the disbursing officer's schedule of collections the drawer's name and the fact that it is a check collection drawn on a designated bank. In the event that any check is returned by the bank on account of "not sufficient funds" or for other reasons, under the regulations of the Treasury Department, the depositary will execute a debit voucher (Treasury Form 5504) in quintuplicate, charge the Treasurer's account under the related symbol number and certificate of deposit, and forward the triplicate and quadruplicate copies of the debit voucher, together with the related dishonored check, to the depositor. Upon receipt of the debit voucher and the dishonored check, the agent cashier will immediately: (a) Examine the documents, (b) acknowledge the receipt of the depositary by returning the quadruplicate copy of the debit voucher together with any necessary comments; (c) enter the transaction on the current schedule of collections as a negative collection and refer to the original schedule of collections and certificate of deposit on which the dishonored check was taken up as a receipt, (d) reverse the entries on account of such returned check in the official records of the hospital project so that the returned check will not be recorded as a payment of amounts due, and (e) take appropriate steps to effect prompt collection on account of the dishonored check. In no case shall the dishonored check be carried as "cash on hand." The schedule of collections will show the gross collections as being deposited and a deduction therefrom on account of returned checks to arrive at a total to be taken up on accounts of the disbursing officer as actual cash collections on account of receipts from a specified source. Any subsequent collection on account of a dishonored item will be handled as a current transaction. Personal checks can be accepted subject to collection in payment of official transactions when drawn for the exact amount for which the payee desires to be credited.

5. Funds received from patients on account of deposits to guarantee the payment of bills or charges should be credited to a special deposit account in the naval working fund under the general caption "Patients' Funds—
-----"

(Name of hospital or unit)

Patients' funds collections shall be recorded on a separate schedule of collections in the same general procedure as that provided for other collections. As the receipt is issued, the agent cashier will record on the schedule of collections the date, name of the remitter, purpose for which the funds were received, amount of the remittance, and a credit to the naval working fund.

6. An individual ledger account, using available commercial ledger forms, will be maintained for each depositor showing the name, address, date, nature of the receipt, reference to the posting media, debit, credit, and balance. As funds are received, credit shall be given to each depositor on the individual account by entering the date and nature of the deposit, indicating whether it is check or cash, and referring to the official receipt and schedule of collections from which the posting is made; the amount to be entered in the credit column and the balance extended. The cost of services rendered or other expense items chargeable to the patients shall be entered on the schedule of costs charged to patient's account (Enclosure (A)) and posted as a debit to each individual account. Refunds shall be entered as

a charge or debit against the depositor's account with reference to the public voucher for refunds (Standard Form 1047) and date on which the refund was made. Dishonored checks will be entered as a debit in the individual account, referring to the schedule of collections on which the item was recorded as a receipt. The balance in the individual account represents the amount remaining to the credit of the patients and must agree with the amount shown on summary statement of special deposits (S & A Form 24) in the column headed "Balance," for the corresponding dates.

7. All costs chargeable to patients' accounts shall be scheduled on the schedules of costs charged to patient's accounts (Enclosure (A)) by entering in the spaces provided; current date, name of the depositor or patient, period covered by and nature of the charge, amount of the charge, and the initials of the individual posting the item as a charge to the patient's account. This form will be summarized monthly to show the total charges against patients' funds. The form is prepared in original only and retained by the agent cashier or disbursing officer to support the charges to the patient's account and the summary entry in summary statement of special deposits (S & A Form 24) in the column headed "Profits."

8. Refunds to patients out of prior deposits may be made by the agent cashier or the disbursing officer on public voucher for refunds (Standard Form 1047) and paid by cash or check. In making the refund, care must be taken to verify the depositor's individual account and ascertain that all charges, if any, have been made in order to arrive at any balance available for refund.

9. The summary of the transactions and the present status of patients' deposits in the naval working fund will be summarized on the summary statement of special deposits (S & A Form 24) by entering, under the general caption "Depositor," "Summary of Transactions, Patients' Funds." Under the general caption "Receipts," in the column headed "Balance," enter the date and the amount on hand as shown by the summary of the depositors' individual accounts. In the column headed "Received During the Period" enter the total amount of the receipts shown on the schedule of collections (Standard Form 1026) and posted to the depositors' individual accounts. In the column headed "Total" enter the aggregate of the previous balance and the current receipts. In the column headed "Profits" enter the amount shown on the "Schedule of Costs Charged to Patient's Accounts." In the column headed "Amount Refunded" enter the total of amounts paid on public voucher for refunds (Standard Form 1047). In the column headed "Balance on Hand" enter the date and the summary of the amounts remaining to the credit on the depositors' individual accounts.

10. The agent cashier is responsible for maintaining the cash fund at his own personal risk, determining that the vouchers submitted are in accordance with the established procedures and regulations, and the amounts that may be disallowed by the disbursing officer or General Accounting Office. The fund of the agent cashier must be held at the risk of the agent cashier in his office safe and not deposited in any bank, available at all times for inspection by competent authority.

11. At least once a month, or whenever required by the disbursing officer, the agent cashier will render statement of agent cashier's fund (Enclosure (B)), schedule of collections (Standard Form 1026), public voucher for refund (Standard Form 1047), schedule of costs charged to patient's account (Enclosure (A)), and summary statement of special deposits (S & A Form 24).

12. The disbursing officer will examine promptly the accounting rendered by the agent cashier to determine that it is correct in every detail. The disbursing officer will complete the statement of agent cashier's fund (Enclosure (B)) by picking up the balance reported by the agent cashier, entering adjustments made by the disbursing officer to determine the amount that is chargeable on the books of the disbursing officer to the agent cashier, including additional checks to replenish the fund to the amount required, sign the statement, and return the original to the agent cashier together with such comments as may be deemed necessary. After the accounts of an agent cashier have been cleared and the agent cashier relieved from his duties, the records of the agent cashier should be retained by the disbursing officer in support of the transactions reported.

[S] W. B. YOUNG.

S. and A. Form 558

(Enclosure (A))

NAVY DEPARTMENT

BUREAU OF SUPPLIES AND ACCOUNTS

SCHEDULE OF COSTS CHARGED TO PATIENT'S ACCOUNT

(Establishment, ship, or station)		(Date)		
Date	Name of depositor	Explanation	Ledger folio	Amount

S. and A. Form 556

(Enclosure (B))

STATEMENT OF AGENT CASHIER'S FUND

(Name of agent cashier)

(Establishment, ship, or station)

Balance _____ \$XXX XX

(Date)

Funds received from disbursing officer:

(Date) (Check No.) _____ XXX XX

Total funds to be accounted for _____ XXX XX

Refunds:

From _____ to _____ XXX XX
(Date) (Date) _____Balance on hand _____ XXX XX
(Date)

Certified correct.

[S]

(Agent cashier)

(Establishment; ship or station) (Date)

Agent cashier's balance as reported above _____ \$XXX XX

Adjustments by disbursing officer:

Disallowances _____ XXX XX

Additions to fund—Check No. _____ XXX XX

Check No. _____ XXX XX

Total cashier's fund _____ XXX XX
=====

The foregoing statement is in agreement with the amount carried in my accounts for this agent cashier under the caption "Cash otherwise held, agent cashier funds."

[S]

(Disbursing officer)

S. and A. Form 556

(Enclosure (C))

NAVY DEPARTMENT

BUREAU OF SUPPLIES AND ACCOUNTS

OFFICIAL RECEIPT

Establishment _____
(Ship or station)Received from _____ (Name of remitter)
for _____

(Date)

(Signature of official) (Rank, rating, or designation)

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JULY 1939-JULY 1945

**45-83—Weekly Combined Report of Enlisted Hospital Corps Personnel
(NavMed-590); Revision of Technician Table on Reverse of Form,
and Instructions Relative to Selection of Hospital Corps Enlisted
Ratings for Transfer**

P16-1/MM; 30 Mar. 1945

To: NDs (Except 14, 15, and 17) : RivComs; NavAirTraComs; ServFor-
SubordComLant: WesSeaFron.

Ref.: (a) BuMed ltr., 9 Jan. 1945.

Encl.: A. (HW) Revised sample copy of technician table of form NAVMED-
590. (Available on request.)

1. This letter is an addendum to and a modification in part of reference (a).

2. The technician table on reverse of NAVMED-590 forwarded as enclosure A of reference (a) is canceled and enclosure A herewith is substituted therefor.

3. In general, hospital corpsmen who have been ashore the longest shall be selected for transfer to sea assignments in compliance with BuPers blanket orders issued to commandants and administrative commands.

4. Hospital corpsmen having technical and special qualifications listed in enclosure A shall not be selected for transfer in filling BuPers blanket orders unless so specified except as follows:

(a) With the exception of DPT, DP, EST, MAL and OT, all chief pharmacist's mates regardless of technical specialty shall be considered available for transfer on BuPers blanket orders.

(b) With the exception of retention of a sufficient number of LBT, NPT, XRT, DGT to fill district needs and all DPT, DP, EST, MAL, OT, OPC, OPM, DRM, OAM, all pharmacist's mates, first class, regardless of technical specialty shall be considered available for transfer on BuPers blanket orders.

(c) Pharmacist's mates, second class, except PhM (DP) 2c, having technical and special qualifications may be selected to fill BuPers blanket orders for transfer of men to the Hospital Corps School, Portsmouth, Va., for intermediate course of instruction, provided they are in excess of the total number of technicians in each specialty that is required to fill authorized allowances.

(d) Hospital Corps ratings qualified in following technical and special qualifications may be selected for transfer to fill BuPers blanket orders for transfer of men to sea billets, advance base assignments, to other naval districts and air functional training commands if in excess of allowances:

Chemical warfare.	Embalmer.
Chemist.	Fever therapy.
Clerical procedures.	Low pressure chamber.
Commissary.	Medical field service.
Duplication technic.	Sound motion picture.
Electrocardiography and basal metabolism.	Stenographer.

5. It is the intent of the Bureau that graduates of the intermediate course of instruction for pharmacist's mates conducted at the Hospital Corps School, Portsmouth, Va., be used insofar as possible in filling sea

assignments and billets where hospital corpsmen will have to perform duties independent of medical officers. However, this does not restrict the assignment of these men only to this type duty as it is estimated that a sufficient number will be available to administrative commands to permit a wide distribution, including their assignment to new construction vessels, advance base projects and drafts for further assignment by fleet administrative commands.

6. Paragraphs (3) and (4) are not applicable insofar as ComSerSubord-ComLant and ComWesSeaFron are concerned.—*Ross T McIntire.*

45-84—Prevention of Disease

Yeo; 31 Mar. 1945

To: All ships and stations.

1. All medical officers are directed to pay special attention to the prevention of disease and to the constant exercise of communicable-disease control measures, and are cautioned against lessening their responsibilities toward disease prevention by depending too much upon the use of sulfonamide drugs, penicillin, the control of bacterial content of the air by glycol vapors and ultraviolet, use of DDT, and upon other new outstanding advances in medicine.

2. The establishment of epidemiology units, malaria-control units, and other special hygienic and public-health activities must in no manner be considered as relieving medical officers of any responsibility in disease prevention.

3. Senior medical officers of all Navy and Marine Corps activities to which large numbers of personnel are attached are directed to utilize epidemiology units for the purpose for which they were created, and in addition thereto to assign the senior medical officer member of this unit or, in the absence of such a unit, an experienced medical officer to special duty in charge of prevention of disease measures on the station, responsible to the senior medical officer.

4. Attention of all medical officers is invited to the following factors which, if disregarded, might be responsible for the spread of communicable diseases:

- (a) Overcrowding.
- (b) Proper spacing of beds.
- (c) Head-to-foot sleeping.
- (d) Proper dust control in cleaning wards, barracks, and compartments.
- (e) Proper care and sterilization of bedding, including mattresses. This should include periodic airing and sunning.
- (f) Maintenance of high standards of mess sanitation with great emphasis on food handling and mess-gear sterilization.
- (g) Periodic physical examination of food handlers.
- (h) Periodic sanitary inspections.
- (i) Proper refrigeration.
- (j) Proper disposal of wastes.
- (k) Periodic bacteriological examination of water and dairy products.
- (l) Proper safeguards against transmission of insect-borne diseases.

5. The professional awareness toward being constantly alert to the part played by "carriers" in the transmission of certain diseases, and to the

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other factors which are known to have caused epidemics is of paramount importance.

6. In hospitals, dispensaries, and sick bays, constant vigilance must be exercised to insure that the recognized measures for the prevention of cross infections (respiratory, wound, etc.) are applied at all times.

7. A pamphlet for the use of Medical Department personnel in which the importance of all simple measures definitely contributing toward the control of communicable disease is in the process of preparation. Medical officers are directed immediately to make every effort to prevent disease and not delay action or recommendation to commanding officers until this publication is received.—*Ross T McIntire*.

45-86—NavMed Forms F and Fa (Individual Statistical Report of Patient), 1945 Revision

A3-3/EN10; 9 Apr 1945

To: All ships and stations

1. A minor revision of subject forms has been made in order to facilitate the use of typewriter stops. This revision is such that it precludes the interchange of the new form with the last revision (1943). Therefore, great care must be exercised to see that Forms F and Fa are the same revision when used.

2. The change is of such a minor nature that it will not be necessary to destroy the stocks on hand of the 1943 revision.

3. The subject forms are listed in the Medical Department Supply Catalog, United States Navy, under stock numbers S16-160 and S16-170, respectively.—*Ross T McIntire*.

45-87—Standard Stock Items for the Medical Department of Hospital Ships

A4-1/AH; 11 Apr 1945

To: HospShips

Refs.: (a) ALNAV 7, 6 Jan. 1942.
(b) VCNO ltr. SO 1210, 1072, 28 Nov. 1942.
(c) ALNAV 32, 22 Feb. 1943.
(d) ALNAV 77, 11 Apr. 1944.

1. The following policies and procedures have been established with respect to the procurement of supplies for use by the Medical Department of hospital ships and are promulgated with the concurrence of the Office of Budget and Reports, Bureau of Supplies and Accounts, and Bureau of Ships:

(a) In general, all materials required for strictly Medical Department purposes should be procured from naval medical supply depots, medical storehouses and other naval medical supply activities to the extent such items are available from such sources, subject to the exception that stationery, office supplies, and alcohol shall be procured from the supply officer to the extent that such items are available in standard stock, and that bedding and linen, and other items available in standard stock, may be issued by the supply officer in emergency and to the extent authorized by the commanding officer.

(b) Standard stock items previously expended from naval stock account as a charge to final title and appropriation in accordance with ALNAV 7 of 6 Jan. 1942, should be issued by the supply officer as required by the Medical Department and without appropriation adjustment. However, the maintenance of adequate stock to meet the operating requirements of the vessel is the responsibility of the supply officer, and there appears to be no necessity for the Medical Department to carry stocks of such material in excess of immediate requirements.

(c) Technical medical material not available from medical supply depots or other medical supply sources should be procured by the supply officer through open purchase under the procedure prescribed in ALNAV 77 of 11 Apr. 1944, the applicable public vouchers drawn as a direct charge to the appropriation "Medical Department, Navy," and should be stocked and accounted for by the Medical Department.

(d) In case of doubt as to the propriety of any particular request by the Medical Department for standard stock items, the supply officer should refer the matter to the commanding officer for decision. If, in the opinion of the commanding officer, the circumstances justify the request, the items should be issued without appropriation adjustment, in quantities sufficient to meet the immediate requirements of the Medical Department of the vessel.—*W. J. C. Agnew.*

45-88—Entertainment for Naval Hospitals—Availability of

A16-1/P3; 12 Apr 1945

To : NavHosp (all types continental).

1. Hospital circuit entertainment units especially designed for hospital performances and hospital sketching artists are available to naval hospitals through the auspices of U. S. O. Camp Shows, Inc. Army and Navy hospitals receive first priority whenever the services of radio, screen and stage stars are available. Other entertainments, such as the traveling soldier shows developed by the Army special services division are also available to naval installations.

2. The Navy liaison unit, entertainment section, 25 West 45th Street, New York 18, N. Y., was recently established by the Bureau of Naval Personnel to maintain liaison with the Army special services division and U. S. O. Camp Shows, Inc., in securing an equitable share of available entertainment for naval installations.

3. All entertainment offered by this unit to naval hospitals is geared to hospital needs. Entertainers are prepared to provide ward shows as well as recreation hall performances; therefore, it is not necessary to have stage equipment, auditoriums, or large seating areas in order to accept these shows.

4. Effective 1 Apr. 1945, all U. S. O. Camp Shows, Inc., units and other professional entertainment units will be offered by and confirmed to the Navy liaison unit, entertainment section, 25 West 45th Street, New York 18, N. Y. Transportation of such entertainment units will be provided through appropriated funds. Only local transportation, i. e., from the railroad or bus station or residence of the unit to the hospital and return, will be the responsibility of the hospital. Problems relating to entertainment should be directed to the officer in charge of that activity.

5. Entertainment offered by the Navy liaison unit should be promptly accepted or rejected, since the itineraries for entertainment units are made in conjunction with the Army on a national basis.—*W. J. C. Agnew.*

45-90—Epidemiology Units, Functions of

A16/P3-8; 13 Apr 1945

To: All ships and stations

1. Information received in this Bureau indicates that the functions of epidemiology units are not fully appreciated and that their special training is not always used effectively.

2. It is intended that personnel in these units be used for the prevention and control of disease and not for general assignments except in extreme emergencies.

3. Epidemiology units were created and strategically placed to supplement local medical activities in solving problems in preventive medicine. It is also expected that they shall work in close association with the Navy commissary and public works departments, the United States Public Health Service, military agencies, and the health departments of various States, cities, territories, and foreign countries.

4. The personnel of these units are especially trained in preventive medicine and sanitation. This training equips them to render invaluable services in:

(a) Investigation of outbreaks of communicable diseases.

(b) Surveys for disease vectors and human carriers of respiratory and enteric pathogens.

(c) The sanitary control of food, water, waste disposal, living quarters, swimming pools, and bathing sites.

(d) General sanitary inspections and surveys.

(e) Daily inspection and testing of milk and other dairy products.

5. The most important function of epidemiology units is the prevention of epidemic conditions.

6. It is the desire of this Bureau that maximum use be made of the epidemiology units in the field of preventive medicine. These units are to be immediately available for special epidemiological investigation at naval activities upon the recommendation of the Bureau or upon request to the district commandant or area commander.—*W. J. C. Agnew.*

JOINT LETTER: BUMED—BUPERS.

45-91—Processing of Repatriates

RESTRICTED: Pers-2-LD, A16 2; QW20/A14 6; 13 Apr. 1945

To: All ships and stations.

1. For the purposes of this letter, United States Navy personnel who are returned to allied military control following capture by enemy forces, evasion of capture in enemy or enemy-held territory are classified as and hereinafter referred to as repatriates.

2. In view of the fact that repatriates have, in almost every instance, encountered and survived extreme difficulties and harrowing experiences,

it is the policy of the Navy Department to accord them special treatment and consideration upon their return. However, this policy is subject to special requirements of security, and special instructions for interrogation and briefing will be issued separately through operational command channels.

3. In keeping with the policy expressed above, repatriates who have been out of United States control for periods of 60 days or more shall, if they so desire, be returned to the United States by the earliest available transportation, and shall have priority in return over all classes of personnel except those returning on account of disability or urgent need of the naval service. Repatriates who have been out of United States control for less than 60 days may be returned to the United States or retained in the theater of operations in the discretion of the responsible commander concerned.

4. While awaiting transportation, such personnel shall be processed as far as practicable, to the end that they may be put in a leave status as soon after return to the United States as may be possible.

5. The following shall govern the medical processing of subject personnel:

(a) When such personnel first come under United States naval jurisdiction, they shall be referred to the nearest available naval medical facility for appraisal of their physical and mental health and admission to the sick list if necessary. (If the condition of the individual will permit return to the United States before complete medical processing, that should be the first consideration.) At the time of admission to the sick list and/or medical processing, a complete history and physical examination shall be made. Results of this procedure shall be recorded in the newly opened health record and on NavMed Y. The words "special report—repatriate" shall be typed on the top of this form. In completing this form, emphasis should be made of the following:

(1) An accurate history of all illnesses or injuries incurred during the period involved.

(2) An accurate description of all physical defects found.

(3) A record of the positive findings of all laboratory and other procedures (X-ray, electrocardiogram, etc.). The original of the special Form Y recording this examination shall be sent to BuMed as soon as all of the indicated laboratory and other medical procedures are completed.

(b) Wherever possible, medical processing and treatment should reach a point enabling subject personnel to be granted leave immediately upon arrival in the continental United States. No such leave shall be granted until the individual concerned has been certified by a naval medical officer as physically and mentally qualified for such leave as requiring no immediate hospitalization.

(c) The medical screening of subject personnel prior to their being granted leave in the United States shall include, in addition to routine clinical study, observation for vermin infestation, laboratory study for amoebiasis and other intestinal infections, X-ray chest study for tuberculosis, serologic test for syphilis, and wherever indicated by reason of locality, study of blood smears for malarial parasites. An individual found to be harboring any such infection, which may be of public-health significance, shall not be granted leave in the United States until he has received appropriate treatment.

(d) Those individuals requiring medical treatment which can be prescribed and self-administered should be recommended for leave upon reaching the United States. Their leave orders shall specify that they report in to the naval hospital, for further observation and disposition, upon expiration of leave.

(e) Those individuals requiring hospitalization or additional medical screening shall be admitted direct to a continental United States naval hospital in the vicinity of the port of debarkation and further processed, in accordance with the provisions of BuPers Circular Letter No. 296-44 or of BuPers Circular Letter No. 196-43, except that rehabilitation leave may be granted up to ninety days.

(f) In considering appropriate disposition of those individuals requiring prolonged hospitalization due consideration shall be given to the wishes of the individual. Likewise, (1) if the individual is to be returned to duty, full use shall be made of facilities for rehabilitation and furthering professional training; (2) if the individual is to be separated from service, full use shall be made of facilities for rehabilitation and civil readjustment; and (3) those enlisted personnel who will be physically qualified for limited duty only will be recommended for discharge from service if they so desire; and (4) those who are physically qualified for service but unsuited for further duty for other reasons may be reported upon by a board of medical survey under the diagnosis "no disease" (unsuited for further naval service) and recommended for discharge.

6. The following shall be the procedure for the settlement of the accounts of such personnel.

(a) Paymasters are authorized to arrange pay accounts of subject personnel in accordance with ALNAV 221, of 14 Dec. 1944.

(b) The mobile personnel and settlement unit is likewise authorized to make payments in accordance with ALNAV 221, of 14 Dec. 1944. This unit, composed of representatives of the Bureau of Supplies and Accounts, the Bureau of Naval Personnel and the office of shore establishments and civilian personnel, has been sent into the Pacific areas. One of its purposes is to settle in the field the accounts and claims of personnel who intend to remain in the Pacific area as well as of repatriates whose accounts and claims can be processed conveniently in the field while awaiting transportation. This unit is also authorized to settle claims, including dependents' benefits of dependents of naval personnel in those instances in which such dependents reside in liberated areas outside of the continental limits of the United States. It is not intended that personnel should be processed by the unit, where such processing would not be essentially a convenience to them and in accordance with their desires.

7. The following shall govern the further disposition of subject personnel:

(a) Upon return to the United States, repatriates who have been out of United States control for extended periods may be granted as much as 90 days rehabilitation leave, provided they are medically qualified for such leave. Upon completion of leave, they will be ordered to the naval hospital nearest their home or leave address for medical survey to determine their physical fitness for duty.

(b) With respect to promotion, the policy of the Bureau of Naval Personnel is to give to returned officer and enlisted personnel who have, in the course of honorable service, fallen into the hands of the enemy as prisoners of war or who have escaped from such custody or evaded capture, special

consideration in order to place them as soon as they are individually qualified, in the rank or rating and precedence they presumably would have acquired but for the fact of their capture, escape, or evasion from the enemy.

(c) In the reassignment of subject personnel after completion of leave, effort will be made to accommodate the desires of subject personnel as to type of duty and station. The Bureau of Naval Personnel shall determine type of duty and station. The Bureau of Naval Personnel shall determine type of retraining, if any, which may be necessary, in order to fit those who have been retained in the service for further efficient performance. Consideration will also be given in all matters of assignment to the fact that subject personnel may be in need of special assignment.

8. Personnel in the process of discharge or release from service shall be afforded the usual discharge and readjustment facilities.—*Ross T McIntire-Randall Jacobs.*

45-92—Medical Stores Requisition, NavMed-4—Preparation and Submission of

L8-2 (072); 15 Apr. 1945.

To: All ships and stations.

Refs.: (a) Arts. 1164, 1165, 1166, Navy Regulations.
(b) BuMed Ltr. L8-2 (072), 1 May 1944.
(c) BuMed Ltr. L8-2 (072), 14 Jun 1944.

1. This letter supersedes reference (c).

2. Effective upon receipt of this letter, requisitions for medical stores (supplies and equipment) listed in the Medical Supply Catalog shall be prepared in quintuplicate in accordance with instructions contained herein and submitted in quadruplicate on NAVMED-4 (requisition and invoice for medical supplies and equipment) direct to the nearest naval medical supply depot or storehouse.

3. A separate NAVMED-4 requisition shall be prepared for the following groups of items:

- (a) Biologicals, except serum albumin (stock No. S1-1945).
- (b) Precious metals for dental use.
- (c) Other dental items (classes 11, 12, S11, and S12).
- (d) Remaining Medical Supply Catalog items.
- (e) All items not listed in the Medical Supply Catalog.

4. Medical supply depots are located at Brooklyn, N. Y.; Oakland, Calif.; Balboa, C. Z.; and Pearl Harbor, T. H. Continental medical supply storehouses are located at Newport, R. I.; Norfolk, Va.; Charleston, S. C.; New Orleans, La.; Seattle, Wash.; San Pedro, Calif.; and San Diego, Calif.

5. Continental medical supply storehouses do not carry all Medical Supply Catalog items. Items carried by them will be indicated in the catalog by a symbol (letter "w"). In the near future instructions will be distributed to the field indicating the items carried by continental storehouses. Each activity, upon receipt of these instructions, shall insert the letter "w" in the symbol column of the catalog opposite the names of the appropriate items.

6. Continental storehouses are authorized, within the limits of their stock, to make issues to any naval medical department activity. In view

of the limited stock in the storehouses, the larger shore stations and naval hospitals shall submit their periodic replenishment requisitions to the nearest naval medical supply depot.

7. Timely submittal of requisitions shall be made in anticipation of needs. Except in emergencies, medical stores shall not be requested by dispatch. No confirming NAVMED-4 is required when medical stores are requested by dispatch.

8. Requisitions shall be prepared for Medical Supply Catalog items in accordance with the following instructions. The data required in subparagraphs (a) to (1), inclusive, shall be entered on each sheet of the requisition.

FACE (NAVMED 4)

(a) United States _____ Enter the official name of the requisitioning activity and the mail address. Vessels shall enter class and number after name. Example: (BB6).

(b) Date _____ Enter the date prepared.

(c) Requisition No. _____ Requisitions shall be numbered consecutively in a separate series for each fiscal year, preceded by the letters "S. D." and followed by the last two digits of the fiscal year. Example: S. D.-1-40, S. D.-2-40, S. D.-3-40, etc.

(d) Allotment number: _____ Leave blank.

(e) Total allotment: _____ Leave blank.

(f) Previously obligated: _____ Leave blank.

(g) Estimated cost this requisition: _____ Leave blank.

(h) Available balance: _____ Leave blank.

(i) Average complement: _____ Enter average number of persons entitled to naval medical treatment except when prohibited by security instructions. Continental activities shall show the number of service personnel after the symbol (S); the number of civil personnel after the symbol (C); and hospitals the number of patients after the symbol (P).

(j) Account number: _____ Enter the accounting number assigned the ship or station in the "List of accounting numbers for ships and stations," published by the Bureau of Supplies and Accounts. This number may be obtained from the supply officer. If unobtainable, leave blank; the issuing medical supply depot or storehouse will supply the correct number for use on subsequent requisitions.

(k) Reserve for NMSD, Brooklyn: _____ Leave blank.

(l) Code number: _____ Enter code number assigned to your activity as indicated on previous requisitions.

(m) Box number: _____ Leave blank. The issuing medical supply depot or medical supply storehouse shall indicate in this space the number of container in which each item is packed. One or more copies of the requisitions shall be used as packing copies according to whether the material is for continental or overseas shipment.

(n) Item number: _____ Each item of the entire requisition shall be numbered consecutively, beginning with 1.

(o) Stock number: _____ The stock number of each item, as indicated by the supply catalog, shall be entered in this column on the same line on which the name of the item begins. Items and stock numbers shall be arranged in the exact order in which they appear in the supply catalog. The

stock class number and name shall be typed at the head of each class of items requested. Double space shall be left between each class of items.

(p) Item: _____ List each item requested, beginning on the same line with the stock number, exactly as shown in the supply catalog, except that information contained in parentheses may be omitted. Indicate the electric current on which electrical apparatus will be required to operate, stating the voltage and type of current (A. C. or D. C.). If alternating current, state also cycles and phase. Example: 110-volt, DC; 220-volt, DC; 110-volt, 60-cycle, 1-phase.

(q) Unit: _____ Enter on the same line with the stock number and the first line of the item description, the "unit of quantity" as stated in the supply catalog ("one," "fair," "dozen," "pkg.", "100-gm. bot.", (etc.).

(r) Minimum stock: Substitute the words "on order, not received." Enter quantities previously requisitioned but not yet received.

(s) On hand: _____ Enter the quantity of the item on hand as indicated by the stock ledger and verified by recent inventory. Material expended from the stock ledger, such as part bottles, etc., in the pharmacy, is not to be included.

(t) Required: _____ Enter the quantity required. In the event the quantity on hand considerably exceeds the maximum stock quantity (see Manual of the Medical Department), as may be necessary for some specific purpose, an explanatory note must be made on the reverse of the form to justify the apparent excess quantity requisitioned. Special care shall be observed to avoid requesting excessive quantities of biologicals, X-ray films, and other similar items which deteriorate within comparatively short periods. When practicable, items shall be requested in package or case multiples to eliminate unnecessary repacking and handling, and to reduce time and cost of issues.

(u) Value: _____ Leave blank.

(v) Paging: _____ When the listing of items required exceeds one sheet, each sheet shall be serially numbered near the bottom.

(w) Signature: _____ Requisitions from ships and stations shall be signed by the senior medical department representative (from hospitals by the accounting officer) and approved and forwarded by the commanding officer.

(x) Copies, designation of: _____ The requisitioning activity shall designate the respective copies as follows:

Ribbon copy: "original"

Duplicate: "second"

TriPLICATE: "third"

Quadruplicate: "fourth"

Quintuplicate: "fifth" (file copy)

REVERSE NAVMED-4

(y) Shipping information: _____ The second copy will accompany the bill of lading.

(z) Explanatory remarks: _____ Indicate urgent need and specific delivery dates desired. State need for apparent large quantities of supplies or additional items of equipment. Explain need for nonlisted items and reason catalog items will not suffice. Enter reference to property survey when requesting replacement of equipment.

9. Nonlisted items: When medical stores (supplies and equipment), not listed in the Medical Supply Catalog are required, a separate NAVMED-4 requisition shall be prepared and forwarded to the Matériel Division, Bureau of Medicine and Surgery, Sands and Pearl Streets, Brooklyn 1, N. Y. The same procedure shall be followed in the preparation of NAVMED-4 requisitions for nonlisted items as that outlined in paragraph 8 above, except under "Stock No." the appropriate class shall be substituted for stock number. Example: "NL-3," "NL-5," "NL-12," etc. When replacement parts or accessories for X-ray, electrically operated, or other equipment are required, an adequate description of the part and of the equipment item for which the part is required, or with which the accessories are to be used, must be stated, including the make, model, serial number, part number, or such description as may be available, including electric-current data, when indicated, in order to enable the Matériel Division to accurately determine the material required. Requisitions for nonlisted books (NL-15) shall state the exact title, author, edition, publisher's name, and list price of each book. Incomplete description of nonlisted material necessitates considerable needless correspondence and procurement delays. As a general rule, in the case of nonlisted material, several makes of an item are available in the market, and competitive bidding is required. Therefore, commercial catalog references must be construed as descriptive but not restrictive, unless sufficient justification is furnished for proprietary purchase. Each requisition for nonlisted (noncatalog) items shall be accompanied by a statement explaining why catalog items will not meet the requirements or answer the purpose. Prepare six and forward five copies of NAVMED-4 for NL items.

10. Invoices—NAVMED-255 and 259: Upon receipt of requisitions (NAVMED-4), depots and continental storehouses shall mechanically reproduce sufficient numbers of copies of medical stores invoices, NAVMED-255 (a form consisting of an original and five attached copies) for domestic shipments or NAVMED-259 (a form consisting of an original and eight attached copies) for overseas shipments, to cover all conditions of shipment. Each invoice shall show quantities shipped, unit prices, extensions, class totals, and grand totals. Distribution of copies of NAVMED-255 shall be made as follows:

Original: To the requisitioning activity for receipt and return to the issuing activity for transmittal to Matériel Division.

Second: To the Matériel Division for transmittal to Finance Division, BuMed—mail as soon as completed.

Third: To the requisitioning activity for its files.

Fourth: To the Matériel Division with second copy.

Fifth: For use in preparing transfer requisitions.

Sixth: For issuing activity's files.

Distribution of copies of NAVMED-259 (formerly NAVMED-255-0), shall be the same as for NAVMED-255 except that the seventh, eighth, and ninth copies shall be used as additional information copies for consignees and transshipping agencies.

11. Copies of invoices for BUMED: All copies of medical stores invoices, NAVMED-255 and 259, required by BuMed will be supplied by medical supply depots and storehouses preparing them. Requisitioning activities shall not send to BuMed after receipt of stores any priced and extended copies of NAVMED-4, NAVMED-255, and NAVMED-259.

12. Shortage, loss, damage, etc., of medical stores: Upon receipt of a shipment, if any apparent shortage, overdelivery, or other error is found in comparing the invoice or packing copy of the requisition, a full report thereof shall be made to the issuing depot or storehouse. If the issuing activity does not accept responsibility for the discrepancy, the stores shall be taken up as invoiced and shortages adjusted on the books of the receiving activity by expending supplies or surveying equipment (NR, ch. 49, sec. III). In case of missing narcotics, also comply with Navy Department Bulletin, article 44-102. When medical stores are lost or damaged by a Government or commercial carrier, the procedures outlined in article 1903 of the BuS&A Manual and article 1840-5 of BuS&A Memoranda, shall be complied with. When medical stores in transit are lost by enemy action the procedures outlined in article 1120 (4) and 1130 (6), BuS&A Manual, shall be complied with.

13. Medical stores furnished to other United States Government activities: For reimbursement between appropriations, medical stores furnished to other United States Government activities shall be issued on Invoice SandA Form 127. Six copies of this form shall be prepared and distributed as follows:

Original: To requisitioning activity to be received and returned to issuing activity.

Second: To requisitioning activity to be received and returned to issuing activity.

Third: Requisitioning activity's file.

Fourth: To Matériel Division, BuMed.

Fifth: Requisitioning activity's file.

Sixth: Issuing activity's file.

14. Defense-aid issues: Defense-aid issues are those made to foreign nations eligible to receive aid from the United States Government. When time will not permit reference to Matériel Division, BuMed, depots and continental storehouses may make emergency defense-aid issues of medical stores. Such issues shall be made on BuS&A Form 127, three copies of which shall be received by an authorized agent of the foreign government concerned, and forwarded to Matériel Division, BuMed. These copies shall be clearly marked "Defense aid issue." See chapter 30, BuS&A Memoranda, article 3030-7, for detailed instructions.—*Ross T McIntire.*

45-95—Methyl-Alcohol Poisoning

P3/JJ57; 19 Apr. 1945

To: All ships and stations.

1. Despite precautions taken to safeguard against poisoning from methyl (wood) alcohol, death, blindness, and other disabilities among naval and Marine Corps personnel have increased sharply during 1944 as a result of drinking this poison. In view of the extremely toxic character of methyl alcohol, and the tendency to confuse it with ethyl (grain) alcohol, the most vigorous efforts to prevent this type of poisoning must be undertaken.

2. Methyl alcohol, known also as methanol, or as wood alcohol (obtained by the destructive distillation of wood), is colorless and has an odor and taste similar to that of ethyl alcohol. It is commonly used as duplicator fluid, "canned heat," paint thinner, cleaner, and as an antifreeze.

3. Methyl alcohol can enter the body by any of three ways: (1) By inhalation of the vapor, (2) by absorption through the skin, and (3) by swallowing. Of these, the last far outweighs either of the others as a cause of disability or death. One to five ounces taken internally can cause death and one-half to two ounces can cause permanent total blindness. Repeated ingestion of small amounts has a cumulative effect upon the internal organs, and may ultimately lead to death or blindness. In handling methyl alcohol care must be taken to avoid breathing heavy concentrations of the vapors, and to avoid contact of methyl alcohol with the skin.

4. Deaths have occurred in the Pacific from the use as a beverage of Japanese methyl alcohol by United States naval and Marine Corps personnel. The containers of such methyl alcohol are labeled only in Japanese, or may be deliberately mislabeled in English. Under no circumstances should such material be taken internally.

5. It is recommended that the following precautions be taken by all ships and stations in handling, storing, issuing, and using methyl alcohol:

(a) Make clear to all naval and Marine Corps personnel the distinction between methyl alcohol and ethyl alcohol. Methyl alcohol is a dangerous poison and must be handled as such.

(b) Maintain a close inventory of all pure methyl alcohol and any commercial product containing methyl alcohol. Release for use only the amount required, and at the time needed, to perform a specific job.

(c) Whenever possible substitute other less toxic solvents for methyl alcohol or products containing methyl alcohol.

(d) Add to methyl alcohol, if practicable, an ingredient such as ethyl mercaptan, kerosene, or white gasoline to give a disagreeable odor and taste which will discourage persons from using it as a beverage. The addition of kerosene or white gasoline in amounts of 0.5 percent will have the desired effect, and will not alter the properties of methyl alcohol as a cleaner, paint thinner, or antifreeze.

(e) Require a prominent label to be affixed to all permanent or temporary containers of methyl alcohol, or products containing methyl alcohol, as follows:

POISON!
CONTAINS METHANOL .
DO NOT TAKE INTERNALLY
DO NOT BREATHE VAPORS
AVOID SKIN CONTACT

6. All persons charged with custody, inventory, issue, and use of methyl alcohol should familiarize themselves with the contents of this letter.—*Ross T McIntire.*

45-99—Course in X-ray and Photofluorographic Technic—Addition to the Catalog of Hospital Corps Schools and Courses, Revised 1944

P11-1/MM; 24 Apr. 1945.

To: All ships and stations.

Refs.: (a) Catalog of Hospital Corps Schools and Courses, Revised 1944.

(b) BuMedLtr. P11-1/MM, 20 Jan. 1945.

(c) BuMed Ltr. P11-1/MM (11-41), 20 Jan. 1945.

Encl.: (A) Curriculum for subject course.

1. A specialization course for enlisted personnel of the Hospital Corps to be known as "X-ray and photofluorographic technic" is hereby established and shall be made a part of reference (a).
2. The instruction center for subject course shall be the Naval Medical School, National Naval Medical Center, Bethesda, Md.
3. Enclosure (A) sets forth the curriculum for subject course which shall be 6½ months in length but shall be accelerated to 6 months for the duration of the war.
4. The content of each of the subjects, XR2 through XR6, shall be the same as that given on pages 79 and 80 of reference (a), except that "photofluorography" shall be deleted from XR5. The instruction in XR7 shall include the following:

XR7 Photofluorography.
 Cameras and accessories.
 Films and film processing.
 Exposure technic.
 Photofluorographic phototimers.
 Equipment—minor repair.
 Organization and administration.
 Practical work under supervision.

5. The prerequisites required of personnel recommended for instruction in X-ray and photofluorographic technic shall be the same as those given under "certificate in X-ray technic" in reference (b).
6. Personnel for subject course shall be recommended for instruction in accordance with references (b) and (c) and will be placed under instruction in the manner indicated in reference (c).
7. Each candidate satisfactorily completing subject course will be certified as an "X-ray photofluorographic technologist".—Ross T McIntire.

Enclosure (A)

CERTIFICATE IN X-RAY AND PHOTOFLUOROGRAPHIC TECHNIC
(Technologist)

Subject	Clock hours	
	Didactic	Practical
XR2 Introduction to X-ray technic.....	100	100
XR3 Films, screen and dark room procedures.....	100	100
XR4 Radiographic technic.....	100	130
XR5 Special procedures.....	50	100
XR6 Office routine.....	50	130
XR7 Photofluorography.....	20	60
Total hours.....	420	620
Grand total.....	1040	
XR2 Introduction to X-ray technic, basic principles of electricity and X-ray.....		
XR3 Films, screen and dark room procedures. Methods of operation.....		
XR4 Radiographic technic. Film processing.....		
XR5 Special procedures. Electrical and X-ray safeguards and special techniques.....		
XR6 Office routine. Special office and clerical procedures.....		
XR7 Photofluorography. Operation of photofluorography.....		
Text: Handbook of the Hospital Corps, United States Navy. Chapter XII, section 12. Fundamentals of X-ray physics and technic. National Naval Medical Center.....		

45-100—Training Aids Officer—Appointment of

S85/EN9(073-41); 24 Apr. 1945.

To: NavHospitals (All types)

Ref.: (a) United States Navy Regulations, chapter 8, section 1, article 443 (a).

1. The professional education of officers, nurses, and enlisted men of the Medical Department is specifically excepted from the cognizance of BuPers (reference (a)) and placed under BuMed.

2. The means developed for meeting this responsibility have of necessity been varied. In addition to the Medical School, Dental School, Hospital Corps Schools, and numerous special courses, correspondence courses, training manuals, and medical periodicals BuMed has distributed, through the BuPers training aids sections and libraries, well over 100 training films and film strips which have been produced to further the training of medical department personnel.

3. It has been shown upon investigation that the utilization of medical training films in many naval activities is quite inadequate.

4. It is, therefore, requested, as a part of the effort to improve the utilization of medical training films that each medical officer in command of the addressed commands designate an officer who shall serve either part time or full time as training aids officer.

5. The duties of the training aids officer, under the supervision of the medical officer in command, shall include the following:

(a) Keeping a current list of all medical and dental training films and film strips that are available through the local BuPers training aids section or library.

(b) Procuring and maintaining necessary projection equipment.

(c) Organizing and scheduling showings of medical training films at such times as will enable all medical officers, dental officers, hospital corpsmen, and nurses to see the films produced.

(d) Working out in collaboration with the local training aids section or library a plan whereby frequently used medical training films can either be borrowed promptly or retained on extended loan (custody pending completion of use).—*Ross T McIntire.*

45-101—The Diagnostic Term “No Disease,” Use of in the Naval Service in Connection With the Disposition of Personnel on Reports of Medical Survey

P3-5/P19-1; 25 Apr. 1945

To: All ships and stations (Continental).

Ref.: (a) Manual of the Medical Department, part II, chapter 3, section III.

(b) Manual of the Medical Department, paragraph 2316.5.

1. It is recognized that there are non-effective personnel in the service in whom organic pathology cannot be demonstrated, and who do not show evidence of a bona fide psychiatric disability. When these individuals are referred to the Medical Department for evaluation and it is determined

beyond any reasonable doubt that they are noneffective, but have no physical or mental disability of sufficient significance alone to preclude their return to duty, the diagnostic title "no disease" may be utilized to effect their separation from the service.

2. References (a) and (b) provide for the use of the diagnostic title "no disease" in the case of personnel who, for some reason, are carried on the sick list but who do not claim to be sick and who are not regarded as sick. The information contained in this letter is presented for the guidance of medical officers and of boards of medical survey in connection with the separation of personnel from the naval service under the diagnosis "no disease."

3. Noneffective personnel comprise a heterogeneous group which in general is made up of men who have had service beyond the recruit period and who may be classified within the following four subgroups, each of which is ineffective for naval service for totally different reasons.

(a) Those personnel in the older age groups whose ineffectiveness has resulted from the physical limitations and mental inelasticity normal for their age. The ineffectiveness of these individuals is not the result of disease, but represents the physiological limitations of physical and mental adaptability commonly found in older age groups. These individuals are at a disadvantage and may become noneffective in attempting to keep pace with the younger, more vigorous, and more adaptable men.

(b) Those individuals who have performed stressful duty and do not have any physical or mental disability which is alone sufficient to preclude their return to duty, but who should not be returned to duty as a matter of preventive psychiatry. These individuals have previously rendered effective service, but have sustained a reduction in their efficiency to the point of military noneffectiveness by reason of the prolonged stressful duty or situational factors which they have encountered in the service. These individuals can be expected to readjust to civilian life without residual evidence of disability.

(c) Those individuals whose demonstrated ineffectiveness is evidence of domestic, martial, or economic difficulties which cannot be solved if the individual is continued in the service, but whose symptomatology is not sufficiently characteristic or of sufficient magnitude to warrant a diagnosis of psychoneurosis, situational.

(d) Those individuals who are ineffective by reason of their inability to accept responsibility, to make satisfactory social adjustments, and to integrate themselves with the group. Prominent among these individuals are those with a certain degree of inadequacy or a minor degree of instability which is insufficient to interfere seriously with civilian adjustment, but which is of sufficient degree to result in noneffectiveness in the service. It must be recognized that many individuals in the population may evidence degrees of inadequacy and instability in specific military circumstances who, nonetheless, have established entirely satisfactory adjustments in nonmilitary environment. Such ineffective personnel, who evidence minor degrees of inadequacy which are frequently reflected as minor evidences of instability in isolated spheres, should not be given a diagnosis of "constitutional psychopathy," or other diagnoses indicative of personality disorders, but should be recommended for discharge under the diagnosis "no disease."

4. As set forth in references (a) and (b) the reason for the use of the diag-

nostic title "No disease" shall be recorded. In most instances the reason for its use in the case of noneffective personnel can be given as follows:

No disease (not adjusted to service) or (temperamentally unsuited for service); or

No disease (unable to adjust further to the demands of the service); or

No disease (unsuited for further useful service).

5. When careful history, social-service reports, examination, observation, and all other psychiatric aids clearly indicate that the individual has demonstrated life-long behavior characterized by inadequacy and instability in nearly all fields of behavior or in one field of behavior to a pathological degree, the appropriate psychiatric diagnosis shall be given. This type of individual should not be diagnosed "no disease." Where the history and psychiatric examination are diagnostic of "psychopathy (personality disorder)" or "psycho-neurosis," the appropriate diagnosis which indicates the nature of the disability shall be used. Similarly, when medical or surgical disabilities exist and are of sufficient significance to preclude return to duty, such disabilities shall be appropriately diagnosed despite the fact that the individual otherwise falls into the class of noneffectives.

6. It should be noted that when lifelong abnormal behavior is antisocial, egocentric, and unaltered by experience, the diagnosis "constitutional psychopathic inferiority" should be made. If the history is such that the outstanding characteristics are not primarily antisocial but rather those of inadequacy, the diagnosis "constitutional psychopathic state" should be utilized rather than the diagnosis "constitutional psychopathic inferiority."

7. In the disposition of the noneffective personnel under the title "no disease," care and judgment are required to determine the noneffectiveness and absence of disabling physical or mental disease. However, once it is the opinion of a board of medical survey that the individual has no such disease but is a noneffective, the recommendation for separation from the service under the diagnosis "no disease" is appropriate. The report of medical survey should include such facts in the body of the survey as clearly support the opinion of the board relative to the absence of incapacitating disability and the presence of noneffectiveness.

8. When reports of medical survey are submitted in accordance with the above and are approved by this Bureau, they will be forwarded for appropriate action to the Bureau of Naval Personnel or Commandant, Marine Corps, who have expressed the intention of following a policy, in general, of discharging such personnel under honorable conditions provided the service record warrants. Personnel so discharged will retain the privilege of wearing their uniforms. It is further the expressed intention of the Bureau of Naval Personnel and the Marine Corps that officers who are separated from the service under this diagnosis will be given an opportunity to resign, or will be released from active duty and/or discharged if they do not elect to submit their resignation.—*Ross T McIntire.*

45-102—Roentgenographic Examinations of the Chest of Certain Officer Personnel Upon Reporting for Active Duty

P3-S/P3-1; 26 Apr. 1945

To: All ships and stations

JULY 1939-JULY 1945

RESTRICTED

Ref.: (a) BuMed ltr. P3-3/P3-1 (054-40) 4 Jan. 1945

1. Paragraph 2 of the reference directive states in part that "roentgenographic examination of the chest shall be made as a part of the physical examination to determine physical fitness for original entry into the service and for active duty." It has come to the attention of this Bureau that the roentgenographic examination cannot be obtained for approximately one-third of the applicants for appointment and commission at the time they are processed in the offices of naval officer procurement. The responsibility, therefore, for obtaining subject examination in these cases rests with the medical officer who examines such individuals to determine their physical fitness for active duty. In the event such medical officers are unable to obtain chest X-ray in the cases of officer personnel at the time they report for active duty they shall, provided the officer has not had a recent chest X-ray, make the following entry on a NAVMED-H-8 (medical history sheet) in the health record of the officer concerned:

NOTE.—Reference: BuMed ltr. P3-3/P3-1 (054-40) 4 Jan. 1945. Chest X-ray study has not been conducted in this case. It is to be conducted at the first opportunity and a report thereof forwarded to the Bureau of Medicine and Surgery.—*Ross T McIntire.*

45-103—U. S. Marine Corps Certificate of Discharge; Unauthorized Entries on

To: NavHosp (All types continental).

Ref.: (a) MarCorps Manual, chapter 3, article 3-24 (14 (b)).

1. It has been brought to the attention of this Bureau that certain unauthorized entries are being made in the portion of the subject certificate which is to be completed by the medical officer. These entries are being made in cases where the men concerned are not physically qualified for discharge and require further hospitalization in Veterans' Administration facilities.

2. Reference (a) states in part, "No reason for discharge will be entered on the certificate." It is directed that in these cases no changes or additions be made other than to alter the wording to read as follows:

Is not physically qualified for discharge. Requires treatment and hospitalization.—*Ross T McIntire.*

45-105—Devices Procurable From BuAer, Special Devices Division; Information Concerning

NH/P3-2; 28 Apr. 1945

To: NavHosp (All types continental)

Ref.: (a) BuPers Memo P-414-VM, 19 Sept. 44 to BuMed rehabilitation branch with covering ltr. A3-1/P11-1 (021-43), 27 Oct. 1944.

(b) Catalog of Synthetic Training Devices, Bureau of Aeronautics, United States Navy, Jul. 1943, with supplements.

1. Attention is invited to reference (a), particularly paragraph 7 (b), concerning the use of training aids and special devices by educational services officers as part of the rehabilitation program.

RESTRICTED

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JULY 1939-JULY 1945

2. Based on several months' experience at certain naval hospitals with special devices, the following synthetic training devices, listed in reference (b), are approved for use in the rehabilitation program:

Catalog number	Name of synthetic device	Property classification
1-F	Red-green night trainer (RGNT)	Equipment.
1-S	Paper sextant	Supplies.
1-W	Map projection models	Equipment.
1-PP-2	Map reading portfolio	Do.
1-BC	Visual aid projector	Do.
1-BL-1	Star identification slides	Do.
1-BL-2	Star identification charts	Do.
1-BN	Drift sight trainer Mk2	Supplies.
1-BP	Collimated star	Equipment.
1-BV	Star recognition trainer	Do.
1-BJ and BJ2	Slotted compass rose	Do.
1-D	Radio A/N trainer	Do.
1-G	Cone D/F trainer	Do.
1-V	Vectograph equipment	Do.
1-Z	Dead reckoning navigation game	Do.
1-BC-1A	Time zone demonstrator	Supplies.
1-BO	Tactical plotter	Equipment.
1-GG-1, 2, 3	Large scale classroom navigation computer	Do.
1-GG-7	Aircraft navigation plotter	Do.
1-FF	Slated globe	Do.
3-A-1-d, e, f	Antiaircraft gunnery training and test cards	Supplies.
3-A-5-e	Free gunnery training sight Mk9, Mod. 2	Equipment.
3-A-11-b	Panoramic gunnery trainer Mk2 (use with 3-A-11-b2 table stand)	Do.
3-A-19-c	Panoramic training stand for 20 millimeters	Do.
3-A-25-b	Spotlight	Do.
3-A-33	BuOrd position angle finder Mk1	Do.
3-C-23-d	Cabinet projection trainer	Do.
3-C-29	Target kite Mk1	Supplies.
3-C-35	35 millimeter string sight	Equipment.
3-C-36	Position sighting method demonstrator	Do.
3-C-2A	Tracer card viewing box	Do.
5-A	Models of ships (1:1200)	Supplies.
5-AA-1	Teacher ship models	Equipment.
5-B	Models of planes (1:72)—plastic	Supplies.
5-BB-2	Miniature plane models	Do.
5-TT	Portable mirror range estimation trainers	Equipment.
5-E-3	Weltcup cards	Supplies.
5-H series	Stereoscopic viewers and film discs	Equipment.
5-I-1-a	Recognition posters (aircraft)	Supplies.
5-I-1-b	Recognition pictorial manuals (ships and aircraft)	Equipment.
5-L	Tank models	Do.
5-O	Automatic rater	Equipment.
5-X	Visual quizzer	Do.
5-JD	Flash quizzer	Do.
5-LL	Signal flag cards	Supplies.
5-PP	Flash projector	Equipment.
5-QQ	Recognition projector and slides	Do.
5-RR-1 and 2	Flash recognition card case and cards	Do.
5-ZZ	Rear projection cabinet	Do.
5-D	Silhouette plane models	Supplies.
5-Y-2	Model display	Equipment.
5-IIH	Plane model rotator	Do.
5-NN or 5-FF	Automatic film rater	Do.
5-WW	Plotting board sets	Do.
8-C	Voice procedure trainer	Do.
8-D-2	Instructors' transceiver units	Do.
8-E-1-a	Radio communications procedures	Do.
8-E-3	Record player	Do.
11-A-11	Radial engine demonstrator	Do.
11-A-12	Individual wiring board	Do.
11-B-5	Hydraulic bench	Do.
11-B-22	Magneto timing mock-up	Do.
11-D-3	Oil buffer demonstrator	Do.
11-A-13	Radial engine demonstrator set (cardboard)	Do.
11-C-3	Gray keyer	Do.
11-A-1	Cable splicing hook-up	Do.
11-A-2	Fuel line hook-up	Do.
11-A-4	Magneto ignition system	Do.
12-K-2	Cardboard weather maps	Supplies.
12-KR	Recordings for weather maps	Equipment.
12-N	Carrier calls and commands	Do.
12-O	Prefabricated demountable shelters	Do.
12-BB	Tactical board	Do.
12-WW	Pocket blinker	Do.
12-ZR and ZS	Recordings and recorder shelves for 8-E-3	Do.
12-SS	Daylight screen	Do.
13-A-2	Mirrophone	Do.

Catalog number	Name of synthetic device	Property classification
16-B-5	Field modeling clay	Supplies.
16-C-2	Universal sketch master	Equipment.
16-C-14	Landfall field kit	Do.
16-C-16	Flashlight projector and perspective projector	Do.
16-C-26	Landfall relief models manual	Do.
16-C-28	Map conversion scale	Do.
16-C-32	Terrain model appliances	Do.
16-C-37	Perspectograph	Do.

3. The devices listed above should be ordered only when it appears they will prove useful in a well-planned program of training as part of the rehabilitation program. Requisitions in letter form for these synthetic training devices should be directed to BuAer, special devices division, via BuMed (Attention: rehabilitation branch). If devices other than those listed above are desired, a separate letter of explanation and justification should be submitted.

4. The Bureau of Aeronautics, under date of 24 Jan. 1945, informed this Bureau as follows: "The Bureau is cognizant of the importance of the Navy rehabilitation program and will cooperate fully in providing such equipment as can be spared from the current training program without cost * * *." Inasmuch as no charge to the appropriation, Medical Department, Navy, is involved in the procurement of the subject devices, no allotments are required and no appropriational accounting and reporting is required. The following procedure is prescribed in connection with the procurement accounting and reporting of the subject devices:

(a) A copy of each requisition or other form of request for the items listed in paragraph 2, and a copy of each letter of allocation received from BuAer shall be furnished the property and accounting officer of the hospital, and all deliveries shall be received by the property and accounting officer of the hospital in the usual manner for inspection and accounting purposes.

(b) All items listed in paragraph 2 shall be taken up by transfer voucher received accounted for in the hospital accounting records in accordance with the applicable provisions of the current hospital accounting instructions, subject to the provisions of the following subparagraphs (c), (d), and (e).

(c) The subject items shall be taken up in the property ledgers in accordance with the property classifications shown in paragraph 2, and at the values shown in the letter of allocation issued by the Bureau of Aeronautics.

(d) The items classified as supplies shall be taken up in the hospital stores account and immediately expended to use in the usual manner, charging general ledger account 10, operating expense, and expense analysis account E-102, wards. The physical material shall be issued to the educational services officer who shall be responsible for proper storage, distribution, and use.

(e) The items classified as equipment shall be taken up in the hospital equipment account and accounted for and issued to use in accordance with the applicable provisions of the current hospital accounting instructions. Issues to use shall be charged to general ledger account 10, operating expense and expense analysis account E-201, furniture, furnishing, and equipment issued under the subdivision "wards." Property surveys covering these items shall be held in the usual manner and submitted to this Bureau for approval. Separate survey requests and reports shall be made for these items.—*Ross T McIntire.*

JOINT LETTER : Bu-Med-BuPers**45-106—Officers Unable to Continue Duty Because of Chronic Seasickness
Reassignment of**

Pers 312B/1h, P16-3/00; BuMed A11/P3-1; 30 Apr. 1945

To: All ships and stations .

- Ref.: (a) BuPers Circ. Ltr. 133-44; AS&SL Jan-Jun 1944, 44568, p. 567.
(b) BuPers Circ. Ltr. 69-42; N. D. Bul. Cum. Ed. 1943, 42-2122, p. 626.

1. Hereafter, commanding officers or reporting seniors will issue written orders (copy to BuPers) detaching the subject officers from their duty stations and directing them to report to the nearest naval hospital, dispensary, or other medical activity for observation. This letter should be referenced as authority for such orders. Medical officers in command of medical activities which do not have adequate facilities for complete examination of such officers are authorized to transfer them to the nearest activity where an adequate examination can be made.

2. After examination and appropriate medical study, the subject officers will be brought before a board of medical survey and upon forwarding of the report will be disposed of as follows:

(a) Those requiring further hospitalization will be retained for treatment or transferred as necessary.

(b) Those fit for return to duty, if the hospital is outside the continental limits will be discharged from the sick list and issued written orders (copy to BuPers) directing them to report to the area commander for assignment to duty consistent with their disability. The area commander will dispose of these cases as follows:

(1) Those officers who are fit for sea duty on a large ship will be reported by dispatch to BuPers as available for such assignment, citing this letter as reference.

(2) Those who are fit for assignment to shore duty only will be issued written orders (copy to BuPers) by the area commander directing them to report to a shore station within the area—or will be reported to BuPers by dispatch as available for assignment to shore duty and not required within the area, citing this letter as reference.

(c) Those fit for return to duty, including limited duty, if the hospital is within the continental limits, will be disposed of under the authority granted by reference (a).

3. In all cases, medical officers in command will indicate, as a part of the endorsement on the report of medical survey, the disposition of the officer covered by the survey report.

4. Except as provided under 2 (a) above, reference (b) may no longer be considered authority to transfer the subject officers to the United States.—*Ross T McIntire—W. M. Fechteler.*

JOINT LETTER : BuMed-BuPers.**45-107—Enlisted Personnel Classified as Fit for Limited Duty Only as a
Result of Medical Survey or NavMed-Y, Disposition in the
Case of**

Pers-66-BJS, P3-5; BuMed P3-5, 30 Apr. 1945

To: All ships and stations.

- Ref.: (a) BuPers-BuMed joint rest. ltr. Pers-66-ELH, BuMed Ltr., 12 Jan. 1945, as amended by BuPers-BuMed joint ltr. Pers P3-5/66-WH, BuMed Ltr., 22 Feb. 1945.
- (b) Par. 21118, Manual of the Medical Department.
- (c) Joint Regulations of the Secretary of War, the Secretary of the Navy, and the Administrator of Veterans' Affairs to implement sections 103 and 200 of the Servicemen's Readjustment Act of 1944—Instructions for complying with—10 Aug. 1944; N. D. Bul. 31 Aug. 1944, 44-960.
- (d) BuPers-BuMed joint ltr. BuPers 6303-DW, P16-3/NH, BuMed P16-3/NH(034), 30 Mar. 1944.

1. By 1 Nov. 1945 it is desired that substantially all enlisted personnel who have previously been classified as fit for limited duty only as the result of an approved report of medical survey or NAVMED-Y be discharged or released to inactive duty. To accomplish this the following procedure shall be followed:

(a) All such personnel shall be reexamined. However, in order not to impair the operating efficiency of an activity to which a large number of limited-duty personnel are now assigned, such reexaminations shall be conducted progressively during the 4 months following the receipt of this letter.

(b) Administrative commands, commanding officers, and medical officers should critically appraise the ability of men in this category to perform all the duties of their respective ratings. It is desired that care be exercised in interpretations of physical fitness for full duty giving due attention to the individual's age, rate, service experience, mental attitude, etc. It is particularly important that men not be returned to a full-duty status where they might be sent to sea or foreign shore duty if their physical condition is such that they are unlikely to render full service in their rating.

(c) Should examination result in the determination that a man is physically qualified for all the duties of his rating, appropriate entry shall be made in the health record NAVMED-HI-8 in duplicate and a copy of such entry forwarded to BuMed. An appropriate entry shall also be made on page 9 of the man's service record citing this letter as authority and the duplicate copy forwarded to BuPers. The man concerned shall then be transferred to the nearest receiving ship or receiving station for general detail. The provisions of paragraph 8 of reference (d) are modified accordingly.

(d) Those enlisted men who are found not physically qualified for full duty shall be brought before a board of medical survey before discharge or release from active duty in accordance with the provisions of reference (b). This is particularly important in view of the Veterans' Administration benefits, the income-tax benefits, and the other services provided which relate to rehabilitation, civil readjustment, and reemployment of disabled or partially disabled exservicemen. It is desired that, whenever possible, these men appear before a board of medical survey at their station of duty. This shall not preclude hospitalization of those individuals currently in need of hospital treatment, or of those who require special rehabilitation measures because of physical disability.

(e) Those individuals who are retained at their duty stations for medical survey may be returned to limited duty while awaiting the final action by the Bureau of Naval Personnel upon the report of medical survey. In the

event their discharge from the service by reason of physical disability is directed by the Bureau of Naval Personnel, commanding officer concerned shall carry out all required naval procedures with a view that such individuals may derive all the benefits to which they are entitled from the Veterans' Administration, such rehabilitation as the individual may need, and such social, vocational, and reemployment adjustments as may be warranted. (Reference should be made to reference (c).)

2. Enlisted personnel found by a board of medical survey to be not physically qualified for all the duties of their rating shall be recommended for discharge except in the cases set forth below:

(a) Men whose disabilities are the result of wounds received in action or disease incurred in, and peculiar to, combat areas (such as filariasis and malaria). At their option, these men may be retained in the naval service on active duty for the convenience of the Government and assigned to limited duty commensurate with their physical qualifications. However, if they so request in writing, they may be discharged from the naval service. Fleet reservists and retired enlisted men may similarly be released to inactive duty.

(b) Men who present the disability seasickness (motion sickness) shall not be discharged but classified as physically qualified for duty on shore, including foreign shore, and transferred to nearest appropriate receiving station for assignment as follows: Receiving stations east of Mississippi River for further assignment by Commander Service Force, Atlantic Fleet, subordinate command; receiving stations west of Mississippi River for further assignment by commander, Western Sea Frontier.

(c) Men who are not physically qualified for general service but who meet the physical standards for induction into the Navy as "special assignment" and are otherwise qualified for retention in the naval service, shall not be discharged but retained in the naval service and their classification changed to "special assignment" by adding (SA) following the designation USN, USN-I, USN(SV), USNR, or USNR(SV), as applicable, and they shall be assigned to duty in accordance with the provisions of BuPers Circular Letter 8-45, of 15 Jan. 1945. Minimum physical standards for men classified "special assignment" differ from general-service standards as follows: (a) Color perception—color blindness acceptable, (b) vision—minimum 2/20 if correctible to 10/20 in each eye. Will accept slight functional defects, (c) hearing—8/15 acceptable in each ear.

(d) Men who are temporarily unfit to perform all the duties of their rating by reason of combat or operational fatigue. These cases are considered to have a fatigue state or condition which has developed as a consequence of combat conditions and shall be recommended for return to duty, either limited or unlimited as circumstances warrant. Such cases shall not be discharged from the service under this diagnosis. If such an individual is totally unfitted for service a diagnosis more nearly representative of the basic disability shall be established.

3. The report of medical survey in the cases of enlisted personnel surveyed at their station of duty shall be forwarded to BuPers via BuMed for final action. However, when surveyed at a naval hospital or naval special hospital within the continental United States, final action on the report of medical survey may be taken by the medical officer in command when discharge is recommended and such action can be taken in accordance with the authority contained in reference (a).—Ross T McIntire—W. M. Fechteler.

JOINT LETTER :—BuMed-BuPers

45-108—Policy Regarding Disposition of Partially Disabled Enlisted Men of the Naval Service*Pers-66-McG, P3-5; BuMed P16-3/P3-2, 30 Apr. 1945*

To: All ships and stations

Ref.: (a) BuMed-BuPers joint ltr. 28 Oct. 1942.

(b) BuMed-BuPers joint ltr. 3 Mar. 1945.

(c) BuPers-BuMed joint rest. ltr., 12 Jan. 1945, as corrected by BuPers-BuMed joint ltr., 22 Feb. 1945.

(d) BuPers-BuMed joint ltr., 30 Mar. 1944.

1. References (a) and (b) are hereby canceled.
2. Enlisted personnel who are considered to be not physically qualified for all the duties of their rating shall be brought before a board of medical survey for evaluation of their physical condition and recommendation as to disposition. If they are found by a board of medical survey to be not physically qualified for all the duties of their rating, they shall be recommended for discharge except in the cases set forth below:

(a) Men whose disabilities are the result of wounds received in action or disease incurred in, and peculiar to, combat areas (such as filariasis and malaria). At their option, these men may be retained on active duty and assigned to duty commensurate with their physical qualifications in a limited-duty status; or if they so request in writing, be discharged from the naval service. Those who are fleet reservists or retired enlisted men may be released to inactive duty if they so desire and so request in writing.

(b) Men who present the disability seasickness (motion sickness) shall not be discharged but classified as physically qualified for duty on shore, including foreign shore, and transferred to nearest appropriate receiving station for assignment as follows: Receiving stations east of the Mississippi for further assignment by Commander Service Force, Atlantic Fleet, subordinate command; receiving stations west of Mississippi River for further assignment by commander, Western Sea Frontier.

(c) Men who are not physically qualified for general service but who meet the physical standards for induction into the Navy as "special assignment" and are otherwise qualified for retention in the naval service, shall not be discharged but retained in the naval service and their classification changed to "special assignment" by adding (SA) following the designation USN, USN-I, USN(SV), USNR, or USNR(SV), as applicable, and they shall be assigned to duty in accordance with the provisions of BuPers Circular Letter 8-45, of 15 Jan. 1945. Minimum physical standards for men classified "special assignment" differ from general-service standards as follows: (a) Color perception—color blindness acceptable, (b) vision—minimum 2/20 if correctible to 10/20 in each eye. Will accept slight functional defects, (c) hearing—8/15 acceptable in each ear.

(d) Men who are temporarily unfit to perform all the duties of their rating by reason of combat or operational fatigue. These cases are considered to have a fatigue state or condition which has developed as a consequence of combat conditions and shall be recommended for return to duty, either limited or unlimited as circumstances warrant. Such cases shall not be discharged from the service under this diagnosis. If such an individual is totally unfitted for service a diagnosis more nearly representative of the basic disability shall be established.

3. It is directed that the medical officer in command, United States naval hospitals and naval special hospitals (continental United States), take final action on the report of medical survey where discharge is recommended and such action can be taken in accordance with the authority contained in reference (c). Otherwise, the report of medical survey shall be forwarded to BuPers via BuMed for disposition.

4. In accordance with the provisions of this letter the only men to be retained for limited duty by reason of physical disability are those partially disabled by reasons of wounds received in action or disease incurred in, and peculiar to, combat areas (malaria, filariasis, combat or operational fatigue); seasickness cases; and those who meet the physical standards for induction as "special assignment" personnel. These partially disabled men, if retained on active duty, shall:

(a) Be eligible for advancement in rating.

(b) If Regular Navy men, be eligible for transfer to the Fleet Reserve upon completion of required service in accordance with existing legislation.

(c) If Regular Navy men, not to be discharged at expiration of enlistment with a view to immediate reenlistment, until waiver of the physical defect has been approved by the Bureau of Naval Personnel.

(d) If they become unable to perform their duties, or when their services are no longer required, be brought before a board of medical survey for report and recommendations as to disposition.

(e) Be reexamined upon own request, and in any event reexamined every 6 months, ref. (d), with a view to restoration to a full-duty status.—*W. M. Fechteler—Ross T McIntire.*

45-109—Photofluorographic Examination of the Chest of All Navy and Marine Corps Personnel; Health Record Entries of

P3-3/P3-1, 30 Apr 1945

To: AlStasCon.

Ref.: (a) BuMed Ltr. P3-3/P3-1 (054-40), 4 Jan. 1945.

(b) BuMed Ltr. P3-3/P3-1 (054-40), 17 July 1944.

1. Information at hand indicates that various photofluorographic units are being required to reexamine the chests of personnel who have recently received such examinations but whose health records contain no entry of the results.

2. The attention of all stations operating photofluorographic equipment is invited to paragraph 11 (c) of reference (a), which requires that "the place, date, film number, and report of the interpretation shall be entered on NAVMED-H-8 (medical history) of the health record."

3. In order to provide for accuracy and uniformity in health record entries, such entries shall be made, where possible, by the station operating the photofluorographic equipment. Reference (b) provides for clerical assistants to make the entries.—*Ross T McIntire.*

**45-110—Special Treatment and Convalescent Centers; Modification of
P16-3/P3-2, 1 May 1945**

To: NavHospitals (All types Continental)

Ref.: (a) BuMed Ltr. P16-3/P3-2, 20 Mar. 1945.

1. Reference (a) is modified as follows: (a) Paragraph 2K add:
U. S. Naval Special Hospital, Arrowhead Springs,
San Bernardino, Calif.
Male officers and enlisted men.

General medical and surgical convalescents, N. P. cases who have completed hospitalization and are awaiting discharge from the naval service.—*Ross T McIntire.*

45-111—Special Devices Officer; Provision for Assistance From

A3-1/P11-1, 1 May 1945

To : NavHospitals and NavSpecialHospitals

Ref. : (a) BuMed ltr NH/P3-2, 28 Apr. 1945.

1. The Bureau is informed that an officer in the special devices unit—West Coast (616 Mission Street, San Francisco, Calif.) has been assigned additional duty to provide assistance in the utilization, procurement, spare parts maintenance, and other problems relating to the use of special devices listed in reference (a) of the Bureau of Aeronautics in the rehabilitation program in naval hospitals in the Eleventh, Twelfth, and Thirteenth Naval Districts.

2. Addressees may obtain his assistance by direct communication with the unit to which he is assigned.—*Ross T McIntire.*

45-112—Allotment of Complement and Funds for Civilian Personnel—Delegation of Authority to Medical Officers in Command to Establish Complements Within Allotment of Funds

LL/EN10 (111), 1 May 1945

To : NavHospitals (all types)

Refs. : (a) BuMed Cir. Ltr. LL/EN10 (111), 17 Nov. 44.
(b) BuMed Cir. Ltr. LL/NH10 (111), 19 Mar. 45.
(c) Navy Dept. Cir. PS&M-9-Dec : mgl, 2 Nov. 1943, contained on page X schedule of wages for civil employees in the field service, 16 Oct. 1944.
(d) Navy Dept. Cir. Ltr. PS&M-6a-MM, 30 Sept. 1943 (CPL&D 43-322).

1. Effective 1 July 1945 references (a) and (b) are canceled and superseded by this directive.

2. In previous years it has been the practice of the Bureau to establish a civilian complement for each activity by positions, and to allot funds to activities covering each position authorized in the complement. In order to provide maximum flexibility in the establishment of complements within the limitations of funds appropriated for civilian personnel, this practice will be discontinued and the procedure outlined below will become effective 1 July 1945.

3. A lump sum allotment of funds for civilian personnel will be made to each activity under subheads applicable to salaries and wages of civilian personnel. The Bureau will not prescribe the particular positions and occupations for which these funds may be used.

4. The medical officer in command is authorized to establish a civilian complement which best suits the needs of the activity subject to the following conditions:

- (a) That the total quarterly allotment of funds for salaries and wages for civilian personnel shall not be overobligated;
- (b) That the total number of Group IV (b) positions allowed under Public Law 49 Ceiling shall not be exceeded; and
- (c) That the number of positions in the following occupations allowed in the complement as of 30 Jun 1945 shall not be exceeded:

Steward.

Chief cook.

First cook.

Chief mess attendant.

Chief laundryman.

Assistant chief laundryman.

First laundryman.

Foreman mechanic.

Assistant chief mechanic.

All head ratings.

Guards, patrolmen, and firefighters.

Positions in professional (P) and subprofessional (SP) Services (chargeable to "Medical Department, Navy").

(If necessary to establish additional positions in the above occupations prior approval of the Bureau must be obtained.)

5. Medical officers in command are authorized to promote and reassign civilian personnel in group IV (b) chargeable to the appropriation "Medical Department, Navy" without prior approval of the Bureau of Medicine and Surgery, provided the allocation of the position to which the employee is to be promoted or reassigned has been determined by the local position classification field office of shore establishments and civilian personnel division of the Navy Department, and subject to the conditions of paragraph 4 above as well as to the provisions of reference (d).

6. Medical officers in command are also authorized to employ civilians in group I, II, and III, and IV (a), with the exception of foreman mechanic, chargeable to the appropriation "Medical Department, Navy" at minimum, intermediate or maximum rates of pay and to promote such employees from minimum to intermediate and intermediate to maximum rates of pay without prior approval of the Bureau of Medicine and Surgery, subject to the conditions of paragraph 4 above. When intermediate or maximum rates are used in hiring new employees, these rates should not exceed the normal rate paid for the particular occupation by other activities in the local labor market area. Attention is invited to the fact that for "other than group IV (b)" positions, approval of BuMed and UnderSecNav is required to change wage rates of existing positions or to establish wages rates for new positions in accordance with the procedure outlined in paragraph 5 of reference (c).

7. The work assigned to civil employees shall be in accordance with their pay roll designation, and personnel shall not be assigned to positions other than their pay roll designation except for short temporary periods or in emergency situations.

8. In the event it is necessary to request an increase in funds for civilian personnel during fiscal year 1946 such request shall, in addition to informa-

tion required in current instructions for revision of allotments, indicate the number and type of personnel for which funds are requested and shall contain complete justification of the need for this personnel.

9. Activities are not required to forward to the Bureau a statement of the complement established in accordance with paragraph 4 above, but copies of all civilian pay rolls must be forwarded to the Bureau promptly.—*Ross T McIntire.*

45-113—Inventory and Issue of Medical Supplies and Equipment; Report of EN3/L11-2, 5 May 1945

To: NMSS (Nos. 1, 3, 4, 6, 9, 10, 11, 12, 13).

ComServPac.

ComServron Ten, ServPac.

Ships (USS SILICA, MARL, LIGNITE, YF-787, 738, 739, 740, 754).

Ref.: (a) CNO ltr. Op-071: hkc, Serial 107-07 15 Feb. 1945 to Chiefs of all Bureaus.

Encl.: A. (HW) Blank Report Forms (available on request only).

1. Reference (a) directs assembly of the data necessary to determine the actual usage rates of materials supplied to the naval establishment. To accomplish the objective of reference (a) will require a monthly report from the medical supply activities named in the distribution list.

2. Enclosure A consists of twelve blank copies of the required report form.

3. Addressees will forward a completed report each month to the Matériel Division, Bureau of Medicine and Surgery, Brooklyn 1, N. Y.—*Ross T McIntire.*

45-114—Internship and Residency Type Training in United States Naval Hospitals

NH/P8-2, 5 May 1945

To: NavHosp (as listed on distribution list).

Encls.: A. (HW) Outline of essentials (available on request).

1. Naval hospitals to be approved for internship and residency type training in specialities by the council on medical education and hospitals of the American Association and the American College of Surgeons must establish and maintain certain essentials as outlined in enclosure A.

2. Medical officers of the hospital staff should be given every opportunity to familiarize themselves with the contents of these essentials. The senior medical officers will require these as information regarding their departmental organization and teaching obligations; junior medical officers will thus be acquainted with their duties and opportunities for training credits under this program.

3. This program should be put into effect promptly. Internship approval has already been granted to 38 United States naval hospitals and standards for this must be maintained. Additional surveys are now being made by the above-named organizations in connection with the graduate training program of the residency type.

4. Copies of enclosure A should be furnished to the medical officers of your staff for their information. Additional copies may be obtained from BuMed upon request.—*Ross T McIntire.*

DISTRIBUTION LIST

NAVAL HOSPITALS

First Naval District:

Chelsea, Mass.
Newport, R. I.
Portsmouth, N. H.

Third Naval District:

Brooklyn, N. Y.
St. Albans, N. Y.
Sampson, N. Y.

Fourth Naval District:

Philadelphia, Pa.

Potomac and Severn Area:

Annapolis, Md.
Bethesda, Md.
Quantico, Va.

Fifth Naval District:

Bainbridge, Md.
Fort Eustis, Va.
Camp Lejeune, N. C.
Norfolk, NOB, Va.
Portsmouth, Va.

Sixth Naval District:

Charleston Navy Yard, S. C.
Dublin, Ga.
Jacksonville, Fla.
Parris Island, S. C.

Seventh Naval District:

Key West, Fla.

Eighth Naval District:

Corpus Christi, Tex.
Memphis, Tenn.
New Orleans, La.
Normal, Okla.
Pensacola, Fla.

Ninth Naval District:

Great Lakes, Ill.

Eleventh Naval District:

Corona, Calif.
Long Beach, Calif.
San Diego, Calif.
Santa Margarita, Oceanside, Calif.

Twelfth Naval District:

Mare Island, Calif.
Oakland, Calif.
San Leandro, Calif.
Shoemaker, Calif.
Treasure Island, Calif.

Thirteenth Naval District:

Astoria, Oreg.
Farragut, Idaho.
Puget Sound, Bremerton, Wash.
Seattle, Wash.
Corvallis, Oreg.

Outside Continental Limits:

Navy No. 10.
Navy No. 128.
Base Hospital No. 8.

45-115—Medical Library Requirements

P11-1/OM, 5 May 1945

To : NavHosp (as listed on distribution list)

Encls. : A. (HW) List of Books.

B. (HW) List of Periodicals.

1. Naval hospitals to be approved for internship training and residency-type training in specialties by the council on medical education and hospitals of the American Medical Association and by the American College of Surgeons must maintain libraries meeting minimum requirements. This is necessary in order to acquire and retain such official approval and listing.

2. Books for medical libraries of United States naval hospitals are purchased under the direction of the medical officer in command. Each naval hospital shall augment the list of books already in its library so that it contains, as a minimum, the books on the enclosed list (encl. A). Substitution of equivalent standard works for books listed is permissible to a limited

degree, including comparable books already on hand to be retained in order to avoid unnecessary purchases. Out-of-date editions of these listed books already in a library should be brought to date.

3. Books, not now in the library, required in order to complete the library according to enclosure A should be listed for each hospital at this time. Such listing with requisitions should be sent to professional division, BuMed, for correlation with similar listings from other United States naval hospitals, and will be forwarded to Matériel Division for procurement.

4. A list of periodicals and current publications meeting minimum requirements (encl. B) enumerates those which will hereafter be supplied to United States naval hospitals through the Bureau of Medicine and Surgery.

5. Libraries, particularly those in hospitals designated for the treatment of special types of diseases or injuries, should cover needs at the discretion of the medical officer in command by additional books or by justifiable request to BuMed for special periodicals additional to those listed.

6. Lists of dental and of nursing books and periodicals are not included in these enclosures but are to be maintained as heretofore.—*Ross T McIntire.*

DISTRIBUTION

NAVAL HOSPITALS

First Naval District:

Chelsea, Mass.
Newport, R. I.
Portsmouth, N. H.

Third Naval District:

Brooklyn, N. Y.
St. Albans, N. Y.
Sampson, N. Y.

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Philadelphia, Pa.

Potomac and Severn Area :

Annapolis, Md.
Bethesda, Md.
Quantico, Va.

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Bainbridge, Md.
Fort Eustis, Va.
Camp LeJeune, N. C.
Norfolk, NOB, Va.
Portsmouth, Va.

Sixth Naval District:

Charleston Navy Yard, S. C.
Dublin, Ga.
Jacksonville, Fla.
Parris Island, S. C.

Seventh Naval District:

Key West, Fla.

Eighth Naval District:

Corpus Christi, Tex.
Memphis, Tenn.
New Orleans, La.
Norman, Okla.
Pensacola, Fla.

Ninth Naval District:

Great Lakes, Ill.

Eleventh Naval District:

Corona, Calif.
Long Beach, Calif.
San Diego, Calif.
Santa Margarita, Oceanside, Calif.

Twelfth Naval District:

Mare Island, Calif.
Oakland, Calif.
San Leandro, Calif.
Shoemaker, Calif.
Treasure Island, Calif.

Thirteenth Naval District:

Astoria, Oreg.
Farragut, Idaho.
Puget Sound, Bremerton, Wash.
Seattle, Wash.
Corvallis, Oreg.

Outside Continental Limits:

Navy No. 10.
Navy No. 128.
Base Hospital No. 8.

Enclosure A**MINIMUM LIBRARY REQUIREMENTS FOR UNITED STATES NAVAL HOSPITALS**

(Recommended by BuMed Advisory Board, 2 February, 1945. Approved by the Surgeon General, 5 April, 1945.)

BOOKS**ANATOMY**

- Developmental Anatomy—Leslie B. Arey. 4th ed. Saunders, 1940. \$6.75.
 Surgical Anatomy—C. Lattimer Callander. 5th ed. Saunders, 1939. \$10.
 Anatomy of the Human Body—Henry Gray. 24th ed. Ed. by Warren H. Lewis and others. Lea, 1942. \$12.
 Functional Neuroanatomy—Wendel J. S. Krieg. Blakiston, 1942. \$6.50.
 A Textbook of Histology—Alexander A. Maximov and William Bloom. 4th ed. Saunders, 1942. \$7.
 The Anatomy of the Nervous System—Stephen Walter Ranson. 7th ed. Saunders, 1943. \$6.50.

ANESTHESIOLOGY

- The Physiology of Anesthesia—Henry K. Beecher. Oxford, 1938. \$3.75.
 Clinical Anesthesia: A Manual of Clinical Anesthesiology—John S. Lundy. Saunders, 1942. \$9.

CARDIOLOGY

- Nomenclature and Criteria for Diagnosis of Diseases of the Heart—American Heart Association. 4th ed. American Heart Association, 1929. \$2.
 Electrocardiographic Patterns; their diagnostic and clinical significance—A. R. Barnes. Thomas, 1940. \$5.
 Clinical Heart Disease—Samuel A. Levine. 2d ed. Saunders, 1940. \$6.
 Diseases of the Heart—Sir Thomas Lewis. 3d ed. Macmillan, 1942. 15s/\$3.65.
 Heart Disease—Paul Dudley White. 3d ed. Macmillan, 1944. \$9.

DERMATOLOGY & SYPHILOLOGY

- An Introduction of Medical Mycology—George M. Lewis and Mary E. Hepper. 2d ed. Year Bk. Pubs., 1943. \$6.50.
 Histopathology of Skin Diseases—Lee McCarthy. C. V. Mosby, 1931. \$25.
 Diseases of the Skin—Oliver Samuel Ormsby and Hamilton Montgomery. 6th ed. rev. Lea, 1943. \$14.
 Dermatologic Allergy—Marion B. Sulzberger. Thomas, 1940. \$8.50.
 Dermatologic Therapy in General Practice—Marion B. Sulzberger and Jack Wolf. Year Bk. Pubs., 1940. \$4.50.
 Diseases of the Skin—Richard L. Sutton and Richard L. Sutton, Jr. 10th ed. C. V. Mosby, 1939. \$15.

DIAGNOSIS

- An Index of Differential Diagnosis of Main Symptoms by Various Writers—Herbert French (ed.) 5th ed. Wood, 1936. \$16.
 Physical Diagnosis—Ralph H. Major. Saunders, 1940. \$5.

Diseases of the Chest and the Principles of Physical Diagnosis—George W. Norris and H. R. M. Landis. 6th ed. Saunders, 1938. \$10.

Clinical Diagnosis by Laboratory Methods—James C. Todd and Arthur Hawley Sanford. 10th ed. Saunders, 1943. \$6.

DIETICS AND NUTRITION

Accepted Foods and Their Nutritional Significance—Council on Foods, American Medical Association. A. M. A., 1939. \$2.

Nutrition and Diet in Health and Disease—James S. McLester. 4th ed. Saunders, 1943. \$8.

ENDOCRINOLOGY

Sex and Internal Secretions—Edgar Allen, Charles H. Danforth, and Edward A. Doisy (eds.) 2d ed. Wood, 1939. \$12.

Glandular Physiology and Therapy: A symposium prepared under the auspices of the Council on Pharmacy and Chemistry of the A. M. A. 1942. \$2.50.

Endocrine Gynecology—E. C. Hamblen. Thomas, 1939. \$5.50.

Endocrinology in Modern Practice—William Wolf. 2d ed. Saunders, 1939. \$10.

FRACTURES AND DISLOCATIONS

The Management of Fractures, Dislocations, and Sprains—John Albert Key and H. Earle Conwell. 3d ed. C. V. Mosby, 1942. \$12.50.

Fractures—Paul B. Magnuson. 4th ed. Lippincott, 1942. \$5.50.

HISTORY OF MEDICINE

The Life of Sir William Osler—Harvey Cushing. Oxford, 1940. \$5.

Introduction to History of Medicine—Fielding Hudson Garrison. 4th ed. Saunders, 1929. \$12.

History of Medicine in the United States—Volumes 1 and 2. Francis R. Packard. Hoeber, 1931. \$12.

HOSPITAL ORGANIZATION AND MANAGEMENT

American Medical Association Interns' Manual—2d ed. A. M. A., 1943. 60¢. Hospital Organization and Management—Malcolm Thomas MacEachern.

3d ed. Physicians Record Co., 1940. \$7.50.

The Medical Staff in the Hospital—Thomas Ritchie Ponton. Physicians' Record Co., 1939. \$2.50.

INFECTIOUS DISEASES, HYGIENE, AND PREVENTIVE MEDICINE

Military Preventive Medicine—George C. Dunham. 3d ed. Military Service Pub. Co. 1940. \$3.

Preventive Medicine and Hygiene—Milton J. Rosenau and others. 6th ed. Appleton, 1935. \$10.

Stitt's Diagnosis, Prevention and Treatment of Tropical Diseases—6th ed. by Richard P. Strong. In 2 volumes. Blakiston, 1942. \$21.

Immunity: Principles and Application in Medicine and Public Health: Resistance to Infectious Diseases—Hans Zinsser, John F. Enders, and Leroy D. Fothergill. 5th ed. Macmillan, 1939. \$6.50.

MEDICAL DICTIONARIES

The American Illustrated Medical Dictionary—A. Newman Dorland and E. C. L. Miller. 20th ed. Thumb indexed. Saunders, 1944. \$7.50.

MEDICAL JURISPRUDENCE, LEGAL MEDICINE AND TOXICOLOGY

Legal Medicine and Toxicology—Thomas A. Gonzales, Morgan Vance, and Milton Helpern. New ed. Appleton, 1940. \$10.

MEDICINE

Treatment in General Practice—Harry Beckman. 4th ed. Saunders, 1942. \$10.

A Textbook of Medicine—by American authors. Russell L. Cecil. Year Bk. Pubs., 1944. \$8.

Hypertension and Nephritis—Arthur Maurice Fishberg. Lea, 1930. \$6.50.

The Pharmacological Basis of Therapeutics—Louis S. Goodman and Alfred Gilman. Macmillan, 1941. \$12.50.

Mosquito Control, Practical Methods for Abatement of Disease Vectors and Pests—W. B. Herms and H. F. Gray. 2d ed. The Commonwealth Fund, 1944. \$3.50.

A Diabetic Manual—Elliott P. Joslin. 7th ed. Lea, 1941. \$2.

The Treatment of Diabetes Mellitus—Elliott P. Joslin and others. 7th ed. Lea, 1940. \$7.50.

Nelson New Loose-Leaf Medicine—Editor-in-Chief, W. W. Herrick. In 9 volumes, including index. Nelson, 1920-1944. \$100.

Allergy in Practice—Samuel M. Feinberg & Oren C. Durham, Yr. Bk. Pubs., 1944. \$8.

MISCELLANEOUS

American Medical Directory—American Medical Association, 585 North Dearborn Street, Chicago 10, Illinois. Bi-A. \$18.

Directory of Medical Specialists—Ed. 3. A. N. Marquis Company, 919 North Michigan Avenue, Chicago 11, Illinois. 1945. \$10.

Principles of Medical Ethics—American Medical Association. Single copy, 5 cents; 12 copies, 50 cents, prepaid; 59 copies or more, each 4 cents; prepaid. A. M. A.

Standard Methods of Water Analysis—American Public Health Association.

Standard Methods of Milk Analysis—American Public Health Association.

NEUROLOGY AND PSYCHIATRY

Infections of the Central Nervous System—Association for Research in Nervous and Mental Disease. Williams and Wilkins, 1932. \$7.50.

Intracranial Tumors—Harvey Cushing. Thomas, 1932. \$5.

A Textbook of Psychiatry—Arthur P. Noyes and Edith M. Haydon. 3d ed. Macmillan, 1940. \$2.50.

Practical Clinical Psychiatry—Edward A. Strecker and Franklin G. Ebaugh. 5th ed. Blakiston, 1940. \$5.

A Textbook of Clinical Neurology—Israel S. Wechsler. 5th ed. Saunders, 1943. \$7.50.

The Common Neuroses—T. A. Ross. 2d ed. Wood, 1937. \$4.

OBSTETRICS AND GYNECOLOGY

- Operative Gynecology—Harry Sturgeon Crossen and R. J. Crossen. 5th ed. rev.
- A Textbook of Gynecology—Arthur Hale Curtis. 4th ed. Saunders, 1942. \$8.
- Office Gynecology—J. P. Greenhill. 3d ed. Year Bk. Pubs., 1943. \$3.
- Gynecological and Obstetrical Pathology—Emil Novak. Saunders, 1940. \$7.50.
- Management of Obstetric Difficulties—Paul Titus. 3d ed. C. V. Mosby, 1945. \$10.
- Obstetrics—John Whitridge Williams. 8th ed. rev. by Henricus J. Stander, Appleton, 1941. \$10.
- Textbook of Gynecology—Emil Novak. 2d ed. Williams and Wilkins Co., 1944. \$8.

OPHTHALMOLOGY

- A Handbook of Ocular Therapeutics—Sanford R. Gifford. 3d ed. Lea, 1942. \$4.
- Manual of the Diseases of the Eye—Charles H. May. 18th ed. Wood, 1943. \$4.
- The Principles and Practice of Ophthalmic Surgery.—E. B. Spaeth. Lea & Febiger, 1939. \$10.
- The Eye and Its Diseases—Conrad Berens, editor. Saunders, 1936. \$12.

ORTHOPEDIC SURGERY

- Operative Orthopedics—Willis C. Campbell. C. V. Mosby, 1939. \$12.50.

OTORHINOLARYNGOLOGY

- Diseases of Nose, Throat and Ear—W. Wallace Morrison. Saunders, 1938. \$5.50.
- Operative Surgery of the Nose, Throat and Ear—H. W. Loeb. C. V. Mosby, 1917. 2 vol. \$17.

PATHOLOGY, BACTERIOLOGY AND CLINICAL LABORATORY WORK

- Textbook of Clinical Parasitology—David L. Belding. Appleton, 1942. \$8.50.
- The Pathology of Internal Diseases—William Boyd. 3d ed. Lea, 1940. \$10.
- Surgical Pathology—William Boyd. 5th ed. Saunder, 1942. \$10.
- Clinical Parasitology—Charles Franklin Craig and Ernest Carroll Faust. 3d ed. Lea, 1943. \$9.
- Neoplastic Diseases—James Ewing, 4th ed. Saunders, 1940. \$14.
- Principles of Hematology—Russell L. Haden. 2d ed. Lea, 1940. \$4.50.
- Textbook of Bacteriology—Edwin O. Jordon and W. Burrows. 13th ed. Saunders, 1941. \$6.
- Human Pathology—Howard T. Karsner. 6th ed. Lippincott, 1942. \$10.
- Approved Laboratory Technic—John A. Kolmer and F. Boerner. 3d ed. Appleton, 1941. \$8.
- Practical Bacteriology, Haematology, and Animal Parasitology—E. H. Stitt, Paul W. Clough, and Mildred E. Clough. 9th ed. Blakiston, 1938. \$7.
- The Principles of Bacteriology and Immunity—W. C. Topley and G. S. Wilson. 2d ed. Wood, 1936. \$12.
- Textbook of Pathology—R. Allen Moore. Saunders, 1944. \$10.

RESTRICTED

JULY 1939-JULY 1945

PEDIATRICS

Holt's Diseases of Infancy and Childhood—L. Emmett Holt and John Howland. Rev. by L. Emmett Holt, Jr., and Ruston McIntosh. 11th ed. Appleton, 1940. \$10.

The Compleat Pediatrician—Wilbert C. Davison. 3d ed. Duke University Press, 1940. \$8.75.

PHARMACOLOGY AND THERAPEUTICS

New and Nonofficial Remedies—American Medical Association, Published annually. A. M. A. \$1.50.

Materia Medica, Pharmacology, Therapeutics and Prescription Writing—Walter A. Bastedo. 4th ed. Saunders, 1937. \$6.50.

National Formulary—For sale by Mack Ptg. Co., 20th & Northampton Sts., Easton, Pa. 7th ed. 1942. \$6.

Pharmacopeia of the United States of America—Twelfth Revision (official from Nov. 1, 1942). For sale by Mack Ptg. Co., 20th & Northampton Sts., Easton, Pa. 1942. \$7.50.

Manual of Pharmacology and Its Applications to Therapeutics and Toxicology—Torald Sollman. 6th ed. Saunders, 1942. \$8.75.

PHYSICAL THERAPY

Handbook of Physical Therapy—Council on Physical Therapy, American Medical Association. A. M. A. \$2.

Physical Medicine—Frank H. Krusen. Saunders, 1941. \$10.

Peripheral Nerve Injuries—Lewis J. Pollock and Loyal Davis. Hoeber, 1933. \$10.

PHYSIOLOGY AND BIOCHEMISTRY

The Physiological Basis of Medical Practice—Charles Herbert Best and Norman Burke Taylor. 8d ed. Wood 1943. \$10.

Clinical Biochemistry—Abraham Cantarow and Max Trumper. 2d ed. Saunders, 1939. \$6.

Practical Physiological Chemistry—Philip B. Hawk and Olaf Bergeim. 11th ed. Blakiston, 1937. \$8.

Shock and Related Capillary Phenomena—Virgil H. Moon. Oxford, 1938. \$3.50.

PROCTOLOGY

Anus, Rectum, Sigmoid, Colon: Diagnosis and Treatment—Harry Elliott Bacon. 2d ed. Lippincott, 1941. \$8.50.

Cancer of the Colon and Rectum: Its Diagnosis and Treatment—Fred W. Rankin and A. Stephens Graham. Thomas, 1939. \$5.50.

RADIOLOGY

Roentgen Interpretation—George W. Holmes and Howard E. Ruggles. 6th ed. Lea, 1941. \$5.

SURGERY

Minor Surgery—Frederick Christopher. 5th ed. Saunders, 1944. \$10.

Textbook of Surgery—by American authors. Frederick Christopher (ed.). 8d ed. Saunders, 1944. \$10.

Atlas of Surgical Operations—Elliott Karr Cutler. Macmillan, 1939. \$8.

Infections of the Hand—A. B. Kanavel. 7th ed. Lea, 1939. \$6.

Nelson New Loose-Leaf Surgery—Editor-in-Chief, Allen O. Whipple. In 9 vol., including index. \$110. Nelson, 1927-1944.

TUBERCULOSIS

The Collapse Therapy of Pulmonary Tuberculosis—John Alexander Thomas, 1937. \$15.

Diagnostic Standards and Classification of Tuberculosis—National Tuberculosis Association, 1940. 5 cents.

Management of Tuberculosis in General Hospitals—William H. Oatway, Jr. Council on Professional Practice of American Hospital Association. American Hospital Association, 1939. \$1.

UROLOGY

Clinical Urology—Oswald Swinney Lowsley and Thomas Joseph Kirwin. In 2 vol. Williams and Wilkins, 1940. \$10.

Military Surgical Manual, Volume III, Abdominal and Genito-Urinary Injuries—National Research Council, Committee on Surgery. Saunders, 1942. \$3.

Substitution of equivalent standard works for books on above list is permissible to a limited but reasonable degree.

NAMES AND ADDRESSES OF PUBLISHERS OF BOOKS LISTED

American Heart Association, Inc., 1790 Broadway, New York, N. Y.

American Hospital Association, 18 East Division, Chicago 10, Ill.

American Medical Association, 535 North Dearborn Street, Chicago 10, Ill.

American Public Health Association, 1790 Broadway, New York, N. Y.

D. Appleton-Century Company, Inc., 35 West Thirty-second Street, New York 1, N. Y.

The Blakiston Company, Garden City, New York (Division of Doubleday, Doran & Co. Inc.).

The Commonwealth Fund, 41 East Fifty-seventh Street, New York, N. Y.

Duke University Press, Durham, N. C.

Paul B. Hoeber, Inc. (Medical Book Department of Harper & Bros.), 49 East Thirty-third Street, New York 16, N. Y.

Lea & Febiger, 600 South Wellington Square, Philadelphia 6, Pa.

J. B. Lippincott Company, 227-231 South Sixth Street, Philadelphia 5, Pa.

Mack Printing Company, Twentieth and Northampton Streets, Easton, Pa.

The Macmillan Company, 60 Fifth Avenue, New York 11, N. Y.

A. N. Marquis Company, 919 North Michigan Avenue, Chicago 11, Ill.

The Military Service Publishing Company, 100 Telegraph Boulevard, Harrisburg, Pa.

C. V. Mosby Company, 3207 Washington Boulevard, St. Louis, Mo.

National Tuberculosis Association, 50 West Fiftieth Street, New York, N. Y.

Thomas Nelson & Sons, 385 Madison Avenue, New York, N. Y.

Oxford University Press, Amen House, Warwick Square, London, E. C. 4.

Physicians Record Company, 161 West Harrison Street, Chicago, Ill.

W. B. Saunders Company, West Washington Square, Philadelphia 5, Pa.

Charles C. Thomas, 220 East Monroe Street, Springfield, Ill.

The Williams & Wilkins Company, Mount Royal and Guilford Avenues, Baltimore 2, Md.

William Wood & Company, Mount Royal and Guilford Avenues, Baltimore 2, Md. (Division of Williams & Wilkins Company.)

The Year Book Publishers, Inc., 304 South Dearborn Street, Chicago, Ill.

MINIMUM LIBRARY REQUIREMENTS FOR UNITED STATES NAVAL HOSPITALS

(Recommended by BuMed Advisory Board, 2 February 1945. Approved by the Surgeon General, 7 February 1945)

Enclosure 2

PERIODICALS

DERMATOLOGY AND SYPHILOLOGY

Archives of Dermatology and Syphilology—American Medical Association, 535 North Dearborn Street, Chicago 10, Ill. M. \$8.

INDEX

Quarterly Cumulative Index Medicus—American Medical Association, 535 North Dearborn Street, Chicago 10, Ill. Q. \$12.

INFECTIOUS DISEASES, HYGIENE AND PREVENTIVE MEDICINE

American Journal of Hygiene—Prince and Lemon Streets, Lancaster, Pa. Bi-M. \$12.

American Journal of Public Health and the Nation's Health—1790 Broadway, New York 19, N. Y. M. \$5.

American Journal of Tropical Medicine—Williams and Wilkins Co., Mount Royal and Guilford Avenues, Baltimore 2, Md. Bi-M. \$5.

MEDICINE

American Heart Journal—C. V. Mosby Company, 3207 Washington Boulevard, St. Louis, Mo. M. \$10.

American Journal of the Medical Sciences—Lea & Febiger, 600 South Washington Square, Philadelphia 6, Pa. M. \$6.

Annals of Internal Medicine—American College of Physicians, Prince and Lemon Streets, Lancaster, Pa. M. \$7.

Archives of Internal Medicine—American Medical Association, 535 North Dearborn Street, Chicago 10, Ill. M. \$5.

British Medical Journal—British Medical Association House, 19 Tavistock Square, London. W. C. I. W. 1s. 6d. per issue.

Journal of the American Medical Association—535 North Dearborn Street, Chicago 10, Ill. W. \$8.

New England Journal of Medicine—8 the Fenway, Boston 15, Mass. W. \$6.

MILITARY MEDICINE

Bulletin of the United States Army Medical Department—Book Shop, Medical Field Service School, Carlisle Barracks, Pa. M. \$2.

Journal of Aviation Medicine—Bruce Publishing Co., 2642 University Avenue, St. Paul, Minn. Bi-M. \$5.

United States Naval Medical Bulletin—Superintendent of Documents, Government Printing Office, Washington, D. C. Bi-M. \$2.

War Medicine—American Medical Association, 535 North Dearborn Street, Chicago 10, Ill. M. \$6.

NEUROLOGY AND PSYCHIATRY

Archives of Neurology and Psychiatry—American Medical Association, 535 North Dearborn Street, Chicago 10, Ill. M. \$8.

OBSTETRICS AND GYNECOLOGY

American Journal of Obstetrics and Gynecology—C. V. Mosby Company, 3207 Washington Boulevard, St. Louis, Mo. M. \$10.

OPHTHALMOLOGY

American Journal of Ophthalmology—Ophthalmic Publishing Company, 837 Carew Tower, Cincinnati, Ohio. M. \$10.

Archives of Ophthalmology—American Medical Association, 535 North Dearborn Street, Chicago 10, Ill. M. \$8.

ORTHOPEDIC SURGERY

Journal of Bone and Joint Surgery—8 The Fenway, Boston 15, Mass. Q. \$5.

OTORHINOLARYNGOLOGY

Annals of Otolaryngy, Rhinology and Laryngology—Annals Publishing Company, 7200 Wydown Boulevard, St. Louis 5, Mo. Q. \$6.

Archives of Otolaryngology—American Medical Association, 535 North Dearborn Street, Chicago 10, Ill. M. \$6.

PATHOLOGY AND CLINICAL LABORATORY WORK

American Journal of Pathology—Dr. C. V. Weller, E. University Avenue, Ann Arbor, Mich. Bi-M. \$8.

American Journal of Clinical Pathology—Williams and Wilkins Company, Mount Royal and Guilford Avenues, Baltimore 2, Md. \$6.

Archives of Pathology—American Medical Association, 535 North Dearborn Street, Chicago 10, Ill. M. \$6.

Journal of Laboratory and Clinical Medicine—C. V. Mosby Company, 3207 Washington Boulevard, St. Louis, Mo. M. \$8.50.

PEDIATRICS

American Journal of Diseases of Children—American Medical Association, 535 North Dearborn Street, Chicago 10, Ill. M. \$8.

Archives of Pediatrics—E. B. Treat & Company, 45 East Seventeenth Street, New York 3, N. Y. M. \$5.

PHYSICAL THERAPY

Archives of Physical Medicine—American Congress of Physical Therapy, 30 North Michigan Avenue, Chicago 2, Ill. M. \$5.

RADIOLOGY

American Journal of Roentgenology and Radium Therapy—Charles C. Thomas, 220 East Monroe Street, Springfield, Ill. M. \$10.

Radiology—Radiological Society of North America, 607 Medical Arts Bldg., Syracuse, N. Y. M. \$6.

SURGERY

- Annals of Surgery—J. B. Lippincott Company, 227-231 South Sixth Street, Philadelphia, Pa. M. \$10.
- Archives of Surgery—American Medical Association, 535 North Dearborn Street, Chicago 10, Ill. M. \$8.
- Journal of Neurosurgery—Charles C. Thomas, Publisher, 220 East Monroe Street, Springfield, Ill. Bi-M. \$7.50.
- Surgery—C. V. Mosby Company, 3207 Washington Boulevard, St. Louis, Mo. M. \$10.
- Surgery, Gynecology and Obstetrics with Internal Abstreet of Surgery—Surgical Publishing Company, 54 East Erie Street, Chicago, Ill. M. \$12.

TUBERCULOSIS

- American Review of Tuberculosis—National Tuberculosis Association, 1790 Broadway, New York 19, N. Y. M. \$8.

UROLOGY

- Journal of Urology—Williams & Wilkins Company, Mount Royal and Guilford Avenues, Baltimore 2, Md. M. \$10.

45-118—Land, Buildings, and Property Report

N1-13/EN (113) 8 May 1945

To: NavHosp (all types Continental)
NMSDs
NavDisps

- Refs.: (a) BuMed ltr. N1-13/EN(113), 18 Nov. 1943.
 (b) BuMed ltr. N1-13/EN(113), 9 Feb. 1944.
 (c) SecNav ltr. (op-10B-MD, Serial 70110), 9 Aug. 1943.
 (d) SecNav ltr. (PL/JRR : jhf), 24 Nov. 1943.
 (e) OP&M ltr. PM633/ELA : bji, 24 Mar. 1945.
 (f) BuMed ltr. L10-5/L11-2(044), 25 Apr. 1944.
 (g) BuMed ltr. L10-5/L11-2(044), 20 May 1944.
 (h) BuMed ltr. L10-5/L11-2(044), 15 Feb. 1945.

1. References (a) and (b) provided for the compilation and submission of subject report to this Bureau for use in connection with the plant facilities survey project developed under authority of references (c) and (d).

2. Reference (e) states that the above noted project has been discontinued. Addressees are herewith informed that the instructions promulgated in references (a) and (b) are no longer in effect; particularly in regard to the periodic submission of revised land, buildings and property reports as required in paragraph 2 of reference (a).

3. Medical Department activities will continue to comply with the plant account procedures prescribed in references (f), (g) and (h).—Ross T McIntire.

45-122—Hospitalization of U. S. Merchant Marine Seamen and United States Maritime Service Personnel*P3-2/QS1, 12 May 1945*

To. All ships and stations

Ref.: (a) BuMed Cir. Ltr., 22 May 1944.

1. Confusion exists in the field as to who is a beneficiary of the War Shipping Administration. Numerous bills requesting reimbursement from the War Shipping Administration for the hospitalization of patients reported in detailed reports of hospitalization as United States Maritime Service personnel have been disallowed because many of the patients reported as beneficiaries of the United States Maritime Service are actually bona fide merchant seamen and are therefore beneficiaries of the United States Public Health Service.

2. Bona fide merchant seamen on United States ships are beneficiaries of the United States Public Health Service, even though they may be wearing the uniform of the United States Maritime Service. Many merchant seamen on merchant ships are members of the United States Maritime Service in an inactive-duty status and, as such, are entitled to wear the uniform of their rating or grade in the United States Maritime Service. However, such personnel are beneficiaries of the United States Public Health Service and should be reported on the ration record, NavMED-HF-3G, as merchant-marine personnel. Personnel in the following groups are the only ones for which the training organization, War Shipping Administration, is responsible for medical services and they are the only personnel to be reported as United States Maritime Service beneficiaries:

Group I—Cadets of the State maritime academies.

Group II—Enrollees in the United States Maritime Service on active duty.

Group III—Cadets of the United States Merchant Marine Cadet Corps.

3. In order to eliminate unnecessary correspondence and clerical work, and in order to expedite the processing of bills and the receipt of reimbursement, addressees are directed to determine the exact status of subject personnel and to report them accordingly in detailed reports of hospitalization or other reports submitted to this Bureau.

4. Reference (a) is hereby modified to include paragraph 2 in the instructions applicable to lines 71 and 72.—*Ross T McIntire*.

JOINT LETTER : BUMED—BUPERS**45-123—Civil Readjustment Program in Naval Hospital***P16-1/P4-4, 15 May 1945*To: NDs and RivComs (continental)
NavHospitals (all types continental)Ref.: (a) BuPers ltr. P-106-FS, P16-1/00, 6 Apr. 1944.
(b) BuPers ltr. P-540-FC, P16-1/00, 19 Jul. 1944.
(c) BuPers ltr. P-514-FC, NM (136) (P), 7 Nov. 1944 (ND Bul of 15 Nov. 1944, 44-1288).
(d) BuPers Cir. ltr. 44-45, Pers-23S-ohs, NM (136) (P), 23 Feb. 1945 (ND Bul. 28 Feb. 1945, 45-197).

1. Order No. 1 of the retraining and reemployment administration, office of War Mobilization (continued under policies of the office of War Mobilization and Reconversion) charged the Navy Department with responsibility of advising persons who are leaving the service, and providing them with printed information, as to their rights and benefits. The Navy Department has assumed and will carry out this responsibility of fully informing all

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Navy dischargees concerning their rights and benefits as veterans through the civil readjustment program.

2. References (a) and (b) establish the billet of district civil readjustment officer in naval districts and river commands to advise and assist naval personnel about to be discharged on the process of obtaining their rights and benefits prior to their return to civilian life and for 90 days after they have been discharged.

3. References (c) and (d) direct the establishment of United States naval personnel redistribution centers throughout the continental United States for the purpose of separating persons from active naval service.

4. In compliance with provisions of references (a) and (b), responsibility has been placed on the Medical Department to insure that all patients to be returned to civil life from naval hospitals receive full benefit of the civil readjustment program. Medical officers in command of naval hospitals are responsible for administering the program within their commands, and to this end they will assign sufficient personnel and adequate space for efficient execution of the program.

5. The civil readjustment program functions within naval hospitals in a manner similar to other procedures under the cognizance of the Bureau of Naval Personnel which are administered by the medical officer in command. In order that qualified personnel will be available to conduct the civil readjustment program in naval hospitals, the Bureau of Medicine and Surgery will train officers especially for this duty and assign them to naval hospitals in addition to officers assigned for other duties.

6. The district civil readjustment officer is responsible for the effective functioning of the program, for insuring uniform results, and for coordinating the programs of civil readjustment operated by naval personnel within his district. He shall furnish to the hospital civil readjustment officer, through the medical officer in command, current information on changes, amendments, and interpretations of existing laws as they relate to veterans benefits, and of developments of policy and procedures for conducting the civil readjustment program. Records and reports established for completion by activities must be promptly forwarded by naval hospitals to district civil readjustment officers as required.—*Randall Jacobs—Ross T McIntire*

45-124—NavMed-172 (Weekly Morbidity Report): 1945 Revision of

A3-3/EN10 (F), 15 May 1945

To: AINavStas (Continental).

1. Effective 1 July 1945 the following diseases only shall be reported on NavMed-172 (weekly morbidity report):

Catarrhal fever, acute.	Diphtheria.
Influenza.	Dysentery, bacillary.
Pneumonia, broncho and lobar.	Jaundice, acute infective (1328).
Pneumonia, atypical.	Paratyphoid fever.
Tonsillitis, acute, and pharyn- gitis, acute.	Plague.
Scarlet fever.	Poliomyelitis, anterior, acute.
Cerebrospinal fever, meningo- coccic (802).	Rocky Mountain spotted fever.
Measles.	Smallpox.
Cholera.	Typhoid fever.
Dengue.	Typhus fever (all types).

2. Form NavMed-172 has been revised as indicated in paragraph (1) above. However, stocks of the current report on hand shall be used until exhausted, but only the diseases listed in paragraph (1) shall be reported. Stocks of the revised form will be furnished only on requisition.—*Ross T McIntire.*

45-126—NavMed-F (Individual Statistical Report of Patient), Delays in Transmittal of

A3-3/EN10 (F), 17 May 1945

To: All ships and stations.

1. There is developing an increasing trend in the field toward delay in the prompt preparation and transmittal of the subject form. This delay has reached a serious proportion to the extent that, on a recent date, approximately 2,000 NavMed-F cards were received in the Bureau covering months of admission to the sick list from Jul. 1944 to Jan. 1945. Such a prolonged delay interferes very seriously with the value of medical statistics, as planning and organizing for future operations depends entirely on promptness in reporting.

2. Since the first of this year, due to the fact NavMed monthly form F was discontinued, NavMed-F cards constitute the sole source of information available in the Bureau relative to admissions to the sick list for naval personnel whose health records have been lost or destroyed.

3. All activities must complete subject forms in accordance with existing instructions, and transmit them in the most expeditious manner possible to the Bureau.—*Ross T McIntire.*

45-127—Penicillin—Supply, Employment, and Reporting of

L8-2/JJ57 (042-43), 18 May 1945

To: All ships and stations.

Ref.: (a) Penicillin, Appeals for, to BuMed, L8-2/JJ57(042-43), 21 Aug 1943.

(b) Letter of Information and Instruction on the Use of Penicillin, L8-2/JJ57 (042-43), 7 Jan 1944.

(c) Medical Stores: Penicillin, L8-2/JJ57 (024-43), 7 Jan 1944.

(d) Penicillin Therapy of Gonococcus Infections, Modifications of, L8-2/JJ57 (042-43), 23 Feb 1944.

(e) Penicillin Therapy of Gonococcus Infections, L8-2/JJ57 (042-43), 19 Aug 1944.

(f) Penicillin Therapy of Early and Latent Syphilis, L8-2/JJ57 (042-43), 15 Sep 1944.

(g) Penicillin Therapy, Report of Results of, L8-2/JJ57 (042-43), 28 Oct 1944.

(h) Penicillin Therapy, Report of Results of, L8-2/JJ57 (042-43), 17 Feb 1945.

(i) Penicillin Therapy of Early and Latent Syphilis, L8-2/JJ57 (042-43), 13 Feb 1945.

(j) "A Guide to Chemotherapy," BuMed News Letter, vol. 5, No. 6, pp. 8-11, 16 Mar 1945.

1. References (a), (b), (c), (d), (e), (f), (g), (h), and all other directives pertaining to penicillin, except reference (i), are herewith canceled.

All monthly summaries of the use of Penicillin, and the reporting of penicillin therapy in all diseases except syphilis, shall be discontinued. All supply on hand of Medical Supply Catalog item S16-3081, NavMed-140, Penicillin Therapy Report, shall be discarded.

2. (a) Penicillin appears in the Supply Catalog as follows:

Stock No.	Item	Potency period	Unit
S1-1130-----	Penicillin sodium, dry powder, 100,000 Oxford units (equivalent to 60 mg. of pure crystalline penicillin).	12 months.....	Ampul/vial.
S1-1132-----	Penicillin sodium, dry powder, 200,000 Oxford units (equivalent to 120 mg. of pure crystalline penicillin).	... do	Do.
S1-1131-----	Penicillin calcium, dry powder, 100,000 Oxford units (equivalent to 60 mg. of pure crystalline penicillin).	... do	Do.
S1-1133-----	Penicillin calcium, dry powder, 200,000 Oxford units (equivalent to 120 mg. of pure crystalline penicillin).	... do	Do.

Future replenishments to stock for issue to using activities will be made under stock numbers S1-1132 and S1-1133 (200,000 unit vials). Stock on hand under stock numbers S1-1130 and S1-1131 (in 100,000 unit vials) will be issued until present supply is exhausted.

(b) Penicillin is now carried in stock at NMSD, Brooklyn, N. Y., and Oakland, Calif. Quantities requested should not exceed 1 month's requirements except by activities to which shipment may be irregular. Penicillin on hand at any activity, which prospectively cannot be utilized within potency dating, shall be reported as excess, by air mail or dispatch, to BuMed (Matériel Division, Brooklyn) not less than 2 weeks prior to expiration dating. Such material will be ordered transferred to the nearest activity prepared to use it.

3. The dried powder, when contained in ampules, is quite stable at ordinary room temperature, but high temperatures and prolonged exposure at room temperature cause significant deterioration. To assure maximum potency, the ampules should therefore be stored in refrigerators. Though the penicillin expiration date is based upon preservation at ordinary refrigeration temperatures (+4° C.) freezing temperatures will prolong the duration of potency. In liquid form penicillin is unstable. Solutions should be made up preferably just before administration, or at least daily and then kept under refrigeration at about +4° C.

4. The recommended treatment plan for both early and latent syphilis is 40,000 Oxford units of penicillin administered by the intramuscular route every 3 hours day and night, making a total dosage of 2,400,000 units of penicillin given in 60 injections in 7½ days. Penicillin is now considered the treatment of choice in early and latent syphilis. When used, it shall be reported as outlined in reference (i). The follow-up studies required in this reference are not being adequately reported to BuMed. All activities are urged to forward these reports as indicated in all cases of penicillin-treated syphilis. Only by thorough follow-up studies can the Bureau determine the success of this treatment plan. It is therefore suggested that, where practicable, personnel who have received the penicillin course of treatment for syphilis not be assigned duty during the ensuing 12 months to activities where facilities for proper follow-up studies do not exist. It is further

urged that an individual case be considered a failure only when the Kahn titer fails to drop after 4 months has elapsed since the penicillin routine; or, if it rises after having diminished, in which case it is considered a serological relapse. Clinical relapse, of course, is an indication for retreatment. Retreatment for cases of serological fastness, serological relapse, or clinical relapse, should consist of 4,800,000 Oxford units administered as 40,000 units intramuscularly every 3 hours day and night for 120 injections in 15 days.

Several treatment plans are being studied by the subcommittee on venereal disease of the National Research Council. The regime herein recommended is part of this long-term program of study, and information accumulated to date indicates that none of the other treatment plans are superior to it. Study of the efficacy of penicillin in CNS syphilis is necessarily in its early stage, and no recommendations can be made at this time.

5. Penicillin is considered the drug of choice in gonococcus infections. Evidence is accumulating that the dosage should be larger than that originally recommended. Fewer failures will be encountered if 20,000 Oxford units of penicillin are given intramuscularly every 2 hours for 7 doses, totaling 140,000 units. The possibility that penicillin therapy of gonococcus infections may mask, abort, or inhibit the development of concomitant cases of early undiagnosed syphilis must be considered. When practicable, therefore, adequate recheck, including serology, of these patients is indicated for at least 3 months.

6. For all other diseases, the dosage and route of administration of penicillin is left to the discretion of individual medical officers. Reference (j) was prepared to assist medical officers when questions arise as to the indications and dosage of penicillin in various diseases and infections.

7. Occasional severe reactions still occur despite progressive improvement in purity of the products now on the market. When severe reactions are encountered, the following data should be forwarded to BuMed:

Diagnosis of case treated; reason for penicillin.

Nature of reaction.

Drugs prescribed concurrently with penicillin therapy.

Has patient received penicillin prior to present administration? If so, give details.

Method and dosage of present administration.

Salt used.

Diluent used.

Manufacturer lot number, and expiration date of penicillin used.

Additional pertinent information.

8. Extensive studies are in progress in search of satisfactory methods to delay the absorption of penicillin. None have been perfected as yet. When safe and reliable methods have been proved, this information will be promptly disseminated. This applies also to the oral administration of penicillin, which has recently received considerable publicity. Although the method appears to have merit, it remains to be proved that an adequate blood level of penicillin can be consistently attained. When administered orally in corn oil, or in water preceded by an alkaline buffer, four to five times the intramuscular dosage is required. The expenditure of the quantity of refined penicillin does not appear justified at the present time.—*Ross T McIntire.*

45-130—Uniform Charge for Interdepartmental Hospitalization*P3-2/NH (64-39); 21 May 1945***To:** A1NavShoStas and MarCorps activities

1. The uniform reciprocal rate of reimbursement for interdepartmental hospitalization, during fiscal year 1946, will be \$5 per diem. This will also be the charge for supernumerary patients (other than dependents of naval personnel) from whom local collection of the hospitalization charge is made.
2. Net earned amounts received locally for hospitalization of supernumerary patients in naval hospitals shall be deposited with the disbursing officer for ultimate credit to the appropriation "Medical Department, Navy, 1946." At all other activities, these net collections shall be deposited for ultimate credit as follows: To the appropriation, "Medical Department, Navy, 1946"—\$4.20 per diem and the remaining \$0.80 per diem to the appropriation charged for the cost of furnishing the subsistence.

3. Specific instructions regarding the rate of reimbursement for hospitalization of dependents were issued in A1NavSta-02, 1944, and remain in effect.—*Ross T McIntire.*

45-131—Sale of Surplus Medical Department Upholstered Furniture and Bedding Materials*JJ27/L11-3, 24 May 1945***To:** A1NavStas and MarCorpsStas (having Medical Department activities).**Ref.:** (a) NMR&DA Cir. Itr. 36-45, 16 Mar 1945.

1. Reference (a) calls attention to the fact that a large majority of the States have laws which prescribe certain limitations upon the sale of upholstered furniture and bedding materials, (defined in par. 2).

2. For the purpose of this letter, upholstered furniture and bedding materials are defined to include the following:

(a) Upholstered furniture means any article of furniture, used or intended for use for sitting, resting, or reclining purposes (1) which is wholly or partly stuffed, filled, or covered with soft material or fabric, or (2) which is made or sold with cushions or pillows, loose or attached.

(b) Bedding means (1) any mattress, comforter, quilt, pad, pillow, bolster, cushion, sleeping bag, filling material (defined below), or upholstered box or bed springs, and (2) upholstered spring bed, davenport, day bed, couch, bed, cot, cradle, bassinette, and any hammock, glider, or other substantially similar article which is wholly or partly upholstered.

(c) Filling material means any cotton, wool, kapok, feathers, down, hair, or any other material or combination thereof, loose or in batting, pads of any other prefabrication form to be used or that can be used in articles of bedding or upholstered furniture.

3. In order that in the sale of subject named materials Bureau of Medicine and Surgery will comply with all State laws, such material shall be reported on SWPA Form 1 to Bureau of Medicine and Surgery (Matériel Division), irrespective of cost of reported surplus.

4. Whenever any upholstered furniture and bedding material are found in excess by an activity, the SWPA Form 1 forwarded to Bureau of Medicine

and Surgery (Matériel Division) will contain a certificate showing exact condition (in addition to condition code), will state if materials have been used in treatment of the sick, will state if materials have been used in treatment of patients suffering from contagious or infectious disease and, where used materials are reported as excess will state that they have been properly sterilized.

5. Upholstered furniture and bedding materials, as defined herein, which cannot be economically put into a sanitary and inoffensive condition shall not be reported on SWPA Form 1, but shall be made the subject of a property survey.—*Ross T McIntire*.

45-132—Medical Stores, Small Craft—Procurement of

FS/L1-2; 24 May 1945

To: All ships and stations.

Ref.: (a) BuMed ltr. T-L8-2(072), 15 Apr 1945.

1. Certain types of small vessels rarely require medical stores other than replenishments for their commissioning outfits. District craft not furnished commissioning outfits require only small quantities of first-aid material. It is intended that small craft will be furnished medical treatment and medical stores by the activity to which regularly or temporarily assigned for operations.

2. During periods in transit or on detached service small craft may obtain necessary medical stores from any naval Medical Department activity in the following order of preference: (1) Shore stations or bases regularly supplying similar vessels; (2) any shore station or base; (3) any naval medical supply depot or storehouse; (4) other ships. Small-craft requests for medical stores shall state whether or not a Medical Department representative is attached. Activities receiving such requests are authorized to issue essential medical stores as may be so requested. Shore activities located at ports where such vessels frequently call shall be prepared to render this service.

3. Request for medical stores submitted to medical supply depots and storehouses shall be prepared on NavMed-4 in accordance with instructions contained in reference (a). Requests submitted to other activities may be prepared in letter form and will be handled on a transfer basis.—*Ross T McIntire*.

45-133—Rehabilitation Program; Equipment and Supplies for Physical Training in Additional Items for List of

P11-1/P10-1; 24 May 1945

To: NavHospitals (all types continental)

Ref.: (a) BuMed ltr. P11-1/P10-1(102), 23 Jan 1945.

Encl.: A. (HW) List of additional items.

1. Reference (a) lists supplies and equipment for subject named program.
2. It has been considered appropriate to add items to this list. Enclosure A lists the additional items.

3. These items should be added to the maximum allowance list and numbered as indicated on enclosure A. The quantities for this list are also indicated on enclosure A, for inclusion under the appropriate headings.

4. The items listed in enclosure A shall be classified as supplies and shall be procured and accounted for as prescribed in reference (a) and enclosure A thereto.

5. All orders should be submitted to BuPers, via BuMed, in triplicate not later than 20 Jun 1945—*Ross T McIntire*.

Enclosure (A)

MAXIMUM ALLOWANCE LIST (FOR EACH 500 PATIENTS)

PHYSICAL TRAINING EQUIPMENT

(5) Item No.	(6) Item	Unit	(7) 500-man allow- ance				(8)
			4	3	2	1	
94	Golf balls.....	Dozen.....			2	6	
95	Golf clubs (all purpose).....	Each.....			3	5	
96	Golf clubs—sets (includes case).....	Set.....			2		
97	Casting set (consists of rod, reel, 2 50 yd. spool, No. 18 line, 3 dry casting plugs, 1 casting ring).	Set.....			1	1	
98	Archery sets (consists of 2 bows, 3 dozen arrows, 2 quivers, 1 target and stand, 2 extra faces, 2 arm shields, 2 finger gloves).	Set.....				1	

JOINT LETTER: BuMed.—BuPers

45-134—Government Life Insurance, Medical Examinations

L13-2, Pers-53503-rld; 25 May 1945.

To: All ships and stations

- Refs. (a) World War Veterans' Act of 1924, as amended.
 (b) National Service Life Insurance Act of 1940, as amended.
 (c) BuPers-BuSandA joint ltr. 44-765, with enc. thereto; AS&SL Jan-Jun 1944, p. 774.

1. It is the desire of the Secretary of the Navy that each man in the service be encouraged to take out the maximum amount of Government life insurance.

2. Under references (a) and (b) it is usually necessary for a naval medical officer to aid in the completion of an insurance application. All applicants who are eligible for United States Government life insurance, and applicants for national service life insurance who do not apply for such insurance within 120 days following date of entry into active service (except where certification by the commanding officer may be accepted in lieu of a medical examination, as provided in par. 9 (b) of enclosure to ref. (c)), must be examined by a medical officer. Such examinations should not be delayed because of the unavailability of the health record.

3. The duty of the medical officer is fulfilled when his findings have been entered on the application over his signature. Determination of insurability in every instance is a function of the Veterans' Administration.

4. Under present wartime conditions the exigencies of the service are such

that it may not always be expedient for a naval medical officer to conduct physical examinations for insurance purposes at the convenience of the individual concerned. It is believed, however, that some practical arrangement should be made whereby such examinations can be conducted without any undue delay.

5. The purpose of this letter is to clarify the function of the naval medical officer and to emphasize his responsibility in affording full cooperation to personnel who require an examination for insurance purposes.—*Randal Jacobs—Ross T McIntire.*

JOINT LETTER: MarCorps.—BuMed.—BuPers

45-135—Personnel With Malaria and Filariasis, Disposition of

MarCorps 1515-110; BuMed P2-3/P3-1; Pers-2-LD, P16-3/MM, 28 May 1945.

To: All ships and stations

- Refs. (a) Joint ltr. BuPers-BuMed-MarCorps, P2-3/P3-1(104-42); BuPers-101; MarCorps 1865/35, 27 Oct 1944.
(b) Joint ltr. BuPers-BuMed-MarCorps, P2-3/P3-1(093); BuPers-101; MarCorps 1515-110, 21 Apr 1944.
(c) Joint ltr. BuPers-BuMed, P2-3/P3-1(104); BuPers P3-1/P3-2, 25 May 1943.
(d) Joint ltr. BuPers-BuMed-MarCorps, P2-3/P3-1(101-42); BuPers-101; MarCorps 1500-120, 11 Oct 1944.
(e) Joint ltr. BuPers-BuMed, BuPers P3-5, Pers-66-McG; BuMed P16-3/P3-2, 30 Apr 1945.
(f) Joint ltr. MarCorps-BuMed, MarCorps 1535-200; DB-311-eo; BuMed P3-5/KK(012-44), 16 Mar 1944.
(g) Joint ltr. BuMed-MarCorps, P2-3/P3-1(093); MarCorps 1515-110, 20 Apr 1944.
(h) Joint ltr. BuPers-BuMed, BuPers 6303-DW/P16-3/MM; BuMed P16-3/MM(084), 30 Mar 1944.

1. This letter supersedes and cancels references (a), (b), (c), and (d).
2. Personnel who have developed malaria or filariasis overseas will not be returned to the United States in a patient status because of either disease unless such disease despite adequate treatment, is causing sufficient incapacity to render such individuals unfit to carry on their duties overseas. This nullifies previously established policy whereby filariasis patients were evacuated as soon as the disease was recognized.

3. As far as possible, men who have been returned to the United States owing to malaria or filariasis shall remain in the United States for at least 6 months before returning to a combat zone. Individuals should not be returned overseas within 30 days subsequent to a clinical relapse of filariasis or malaria unless absolutely necessary, and should not be sent to shore duty in Pacific areas if they have a health-record entry of blackwater fever or cerebral malaria. Individuals having frequent and repeated acute recurrences of malaria or filariasis, pronounced anemia, or who are in poor general condition should likewise remain in this country until improvement occurs. Enlisted personnel who are considered to be not physically qualified for all duties of their rating shall be brought before a board of medical

survey for evaluation of their physical condition and recommendation as to disposition in accordance with the provisions of references (e) and (f). Officer personnel who are not physically qualified for full duty must be brought before a board of medical survey (ref.—par. 3313, MMD). The foregoing requirements for medical survey will not affect current procedure for transfer of personnel to United States Marine Barracks, Klamath Falls, Oreg., in a full-duty status, as provided in reference (g).

4. All enlisted personnel who are on limited duty because of malaria or filariasis shall be reexamined semiannually (March and September) in accordance with the provisions of reference (h). Furthermore, any officer or enlisted man in a limited-duty status because of malaria or filariasis may, upon his own request, be examined at any time to determine his physical fitness for reclassification as physically qualified for full duty as follows:

(a) In the cases of enlisted personnel in whom there has been no incapacitating disability attributed to malaria or filariasis for three or more months and in whom there is no clinical activity or disability at the time of examination, and the individual is considered physically qualified for all the duties of his rating, an entry shall be made in the health record (NavMed-H-8) in duplicate as follows: "(Name and rate) has been examined this date and shows no evidence of clinical activity or disabling disability of malaria or filariasis, has been free of incapacitating symptoms for three or more months, and is declared physically fit for full duty in conformity with joint letter BuMed-BuPers-MarCorps, P2-3/P3-1; BuPers-2-LD, P16-3/MM; Mar Corps 1515-110, 28 May 1945."

(1) In the cases of naval enlisted personnel, a duplicate of the entry on NavMed-H-8 shall be forwarded to BuMed. An appropriate similar entry shall be made on page 9 of the man's service record citing this letter as authority, and the duplicate copy of the service record entry shall be forwarded to BuPers. The commanding officer of the man concerned shall be notified of this action, and the man shall be transferred to the nearest receiving ship or receiving station for general detail. The provisions of par. 8 of reference (h) are modified accordingly.

(2) In the cases of Marine Corps enlisted personnel, a duplicate of the NavMed-H-8 entry shall likewise be forwarded to BuMed. An appropriate similar entry shall be made on the last page of the man's service record citing this letter as authority, and a duplicate copy of the Service Record entry shall be forwarded to Headquarters, United States Marine Corps. The commanding officer of the man concerned shall be notified of the action taken.

(b) Officer personnel who have been on limited duty and are thus found physically qualified for return to a full-duty status must be brought before a board of medical survey (ref. 3313, MMD). In the case of naval aviators the report of the board of medical survey shall be accompanied by a report of physical examination for flying (NavMed-AV-1), in accordance with existing directives.

5. Personnel with a history of malaria or filariasis, but in a full-duty status, may be assigned duty in any endemic or nonendemic area of malaria or filariasis (continental or overseas).

6. Personnel in the United States who develop frequent and/or severe malarial attacks may be placed on routine suppressive malarial treatment if, in the opinion of the medical officer concerned, these attacks seriously interfere with the performance of assigned duties. Suppression when used should be administered for 4 to 6 months and may be continued or resumed

If deemed necessary to keep individuals in an effective duty status or to facilitate their return to a full-duty status. Suppressive treatment shall consist of 0.1 gram atabrine dihydrochloride daily, or 10 grains quinine (sulfate or hydrochloride) daily in rare cases of absolute intolerance or sensitivity to atabrine dihydrochloride. Administration must be regular to be effective.—*Randall Jacobs, A. A. Vandegrift, Ross T. McIntire.*

45-136—Assignment of V-10 (Wave) Hospital Corps Personnel to Night Duty and Night Watches

P5-1/EN; 29 May 1945

To : NavStas and MarCorps Activities (having Medical Department activities)

1. In view of the number of V-10 (WAVE) hospital corps personnel now on active duty and the anticipated large increase in the total of such personnel to replace male hospital corpsmen BuMed has no objection to the assignment of V-10 (WAVE) hospital corps personnel to night duty or night watches, providing such assignments meet with the approval of commanding officers or medical officers in command.

2. It is contemplated subject personnel will be utilized as special watches for seriously ill patients, in dependent's sections or wards, in SOQ, in connection with administrative duty details, and only to such active wards to which an officer of the Nurse Corps is detailed for night duty.—*Ross T McIntire.*

45-137—Dental Treatment for Prisoners of War

P5-2/EF; 29 May 1945

To : AIStasCon

1. In view of the heavy demand for adequate dental care for authorized naval personnel and because of limited dental facilities, it is necessary to restrict dental service for prisoners of war to emergency measures. When practicable, prisoners of war requiring extensive dental treatment are to be returned to United States Army authority for such treatment.

2. When it is not practicable to return prisoners of war to United States Army sources for extensive dental treatment, including dental prosthesis, prior authorization for such treatment by naval dental facilities must be requested by official letter to this Bureau.—*Ross T McIntire.*

45-139—Liquid Plasma; Preparation of in Naval Districts

P3-1/A16-3; 4 Jun 1945

To : NDs (Continental)

Ref. : (a) BuMed ltr. P3-1/A16-1, 27 Feb 1945.

1. In accordance with information submitted in reply to reference (a), the following naval hospitals are hereby designated to prepare and supply liquid plasma to the naval medical activities in their respective naval districts:

First Naval District—USNH, Chelsea, Mass.

Third Naval District—USNH, St. Albans, Long Island, N. Y.

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Fourth Naval District—USNH, Philadelphia, Pa.

Fifth Naval District—USNH, Portsmouth, Va.

Sixth Naval District—USNH, Charleston, S. C.

Seventh Naval District—USNH, Key West, Fla.

Eighth Naval District—USNH, Norman, Okla.

Ninth Naval District—USNH, Great Lakes, Ill.

Eleventh Naval District—USNH, San Diego, Calif.

Twelfth Naval District—NSNH, Oakland, Calif.

Thirteenth Naval District—USNH, Bremerton, Wash.

Potomac & Severn River Naval Commands—United States Naval Medical School, NNMC, Bethesda, Md.

2. After 1 Jul 45 the supply of liquid plasma from the United States Naval Medical School, Bethesda, Md., will be discontinued to all naval medical activities except those within the limits of the Potomac and Severn River naval commands. All liquid plasma issued from the United States Naval Medical School and on hand at any naval activity, except in the Potomac and Severn River naval commands, 1 Aug 45 will be returned to the Plasma Department, United States Naval Medical School, Bethesda, Md. This return of liquid plasma will include administration reports to cover all units of liquid plasma administered or otherwise disposed of which have not been previously reported.

3. During the transition from the supply of liquid plasma prepared by the United States Naval Medical School to that prepared in each naval district, and supplementing that supply plasma, normal human dried (Catalog No. S1-3531) will be issued on requisition by the United States Naval Medical Supply Depot, Brooklyn, N. Y., and the United States Naval Medical Supply Depot, Oakland, Calif. The filling of requisitions for dried plasma will be made in accord with estimated quotas submitted quarterly to the Chief of Matériel Division, United States Naval Medical Supply Depot, Brooklyn, N. Y., by the district medical officers of continental naval districts.

4. The preparation and supplying of liquid and dried plasma will be by the direction of the district medical officer. He will appoint a plasma officer who will report to the United States Naval Medical School, Bethesda, Md., for approximately 10 days instruction before 1 Jul 45.

5. New installations entering into this program will prepare liquid plasma by a strictly closed system of collection and separation. The centrifuge method of separating plasma from red blood cells will be used. The methods employed shall be in accord with the best currently accepted technics such as described in the Office of Civilian Defense Technical Manual, "The Operation of a Hospital Transfusion Service" (OCD Publ. 2220—Mar 1944) and shall conform to the standards set forth in the National Institute of Health's "Minimum Requirements: Unfiltered Normal Human Plasma" (4th revision—1 May 1944).

6. Liquid plasma will not be issued from shore activities for use aboard ships.

7. Naval medical activities now preparing liquid plasma for their own use shall continue to do so at the discretion of their district medical officer—*ROSS T MCINTIRE*.

45-140—Red Cross Uniformed Professional Personnel; Quarters*HJ/L16-7; 5 Jun 1945*

To: NavHosp (all types Continental)

Ref.: (a) SecNav ltr. HJ/L16-7, 17 Mar 1945 (Navy Dept. Bull., 31 Mar 1945, 45-276).

1. Reference (a) provides:

Within the continental United States, living quarters in bachelor officers' quarters, as practicable, or other public quarters may be provided attached Red Cross uniformed personnel when available and when adequate quarters are not available outside the reservation. By "adequate" quarters is meant suitable and available quarters within a reasonable distance from the station with satisfactory transportation facilities. Such quarters, when assigned, will be assigned without charge where no charge is made to commissioned naval personnel occupying similar quarters. Where a charge is made to naval personnel for quarters, it is expected that Red Cross uniformed personnel will meet such charges.

2. Where Red Cross personnel are required by the Federal activity to which attached to pay for quarters the Red Cross makes an allowance in addition to pay in the sum of \$25. This allowance is therefore similar to the quarters allowance in the case of commissioned personnel.

3. In view of the foregoing and "where a charge is made to naval personnel for quarters" the charge for government quarters furnished Red Cross uniformed personnel within hospital reservations shall be \$25 per month, which shall include maintenance of the quarters. Funds so received shall be turned over to the disbursing officer to be taken up by him as a miscellaneous collection, creditable to miscellaneous receipts-rent of public buildings, etc., in accordance with article 2121-3 (h), BuSandA Manual.—W. J. C. Agnew.

45-142—Medical Department Allotments, Utilization and Modification of L1-1-1945/EN(101); 5 Jun 1945

To: All ships and stations

Refs.: (a) BuMed ltr. L1-1-1945/EN(101), 23 Aug. 1944.

(b) BuMed ltr. LL/EN10(111), 1 May 1945

1. Effective 1 Jul 1945 reference (a) is canceled and superseded by this directive.

2. The policy of this Bureau is to allow field activities maximum flexibility in budget operations because of the decentralized nature of Medical Department fiscal operations and the peculiar requirements of the Medical Department. However, the limited funds available to this Bureau for allocation to the field activities during the fiscal year 1946 require that certain limitations be placed upon the utilization of funds allotted under certain sub-objects (subheads). These limitations will not interfere with the providing of all necessary materials and services, since funds to meet all essential and adequately justified requirements may be obtained through the prescribed procedure for requesting increases in allotments.

3. Funds allotted under the appropriation "Medical Department, Navy," may be utilized to meet current operating requirements within the limitations of the respective quarterly apportionments and without regard to the subobjects (subheads) under which granted, subject to the following exceptions:

(a) Funds allotted for (1) salaries and wages, or (2) provisions shall not be utilized for any other purpose, nor shall funds allotted for (3) any other purpose be used for either of the first two purposes without specific authorization of the Bureau. Overobligations in any of these three categories shall not be incurred in advance of Bureau approval, except as authorized in paragraph 5 (f) of this letter.

(b) The funds allotted for salaries and wages may be utilized interchangeably to the extent of the total unobligated and uncommitted balance available for both purposes, and subject to the limitations of reference (b).

4. An official request for increase in allotment is required to obtain additional funds for salaries, wages, and provisions. Request for increase in allotment is required to obtain additional funds for other purposes only when the total quarterly apportionment (less funds allotted for salaries, wages, and provisions) is not sufficient to cover requirements of the respective fiscal quarter.

5. Modification of allotments.

(a) Requests for modification of allotments shall be submitted to the Bureau when circumstances require that additional funds be provided or that quarterly apportionments be modified. Such requests shall be submitted as soon as may be practicable after the need therefor becomes apparent in order that the Bureau may be fully apprised of current operating requirements and may take the necessary action to make the required funds available.

(b) Requests for modification of allotment shall, except in cases of immediate urgency, be submitted by letter in the following form, preceded by a statement of the specific circumstances necessitating the modification:

1. Allotment No. _____ (State which quarter).
2. Expenditures to date _____ \$ _____
3. Unliquidated obligations this date _____
4. Amount required balance of period _____
5. Total amount required _____
6. Amount available _____
7. Increase (or decrease) required _____
8. Object and subhead allocation of increase (or decrease) (list each object and subhead under which revision is required and amount applicable to each).
9. Total by object and subhead classification _____
(must agree with line 7).

(c) A summary statement containing complete and adequate justification by items, or by classes of items and estimated cost, is required under each subobject in each request for increase in allotment.

(d) When more than one quarter of the fiscal year is involved in the requested modification a separate money-value column shall be used for each quarter and the applicable quarter shall be identified in the heading of each column.

(e) In case of urgent necessity, dispatch, mailgram, or naval speedletter request for modification of allotment may be submitted in the following form, but shall, in each case, be followed by a confirmatory letter in the form outlined in subparagraph (d) above:

Request allotment number (_____).

Be increased (state amount) (_____).

Quarter fiscal year (_____).

Increase required due to (state briefly circumstances requiring change).

(f) In case of emergency in which the delay incident to obtaining Bureau approval in advance of incurring obligations would endanger life or Government property, the commandant or senior officer present may authorize work to be begun or purchases made in advance of Bureau approval. In every such case the procedures prescribed in subparagraphs (d) and (e) above shall be complied with at the earliest practicable moment. Reference shall be made in requests for increase in allotment to the specific authorization granted to obligate funds in advance of Bureau approval.

6. Allotment control accounts shall not be adjusted to reflect local changes in apportionment of funds as between subobjects. Changes in apportionment shall be recorded in the individual allotment accounts only upon receipt of Bureau-approved modifications in allotments. This procedure will require the minimum in clerical operations and will reflect fiscal operations in such manner they may be readily compared with the fiscal estimates for the same period to provide information with respect to need for revision of current allotments and for use in future estimating.

7. This directive is not presently applicable to ships or to stations operating under advance-base accounting and AlNav 77 of 11 Apr 1944.

8. The Manual of the Medical Department is in process of revision to conform to this letter.—*Ross T McIntire.*

45-143—Venereal Disease Control Liaison Officers

P3-1/P3-2; 8 Jun 1945

To: NDs and RivComs; NavShoStas and MarCorps Activities

1. Since 1942 there has been a 76 percent increase in venereal disease morbidity for continental naval personnel. This increase threatens to nullify over-all gains made possible by new therapy. The venereal disease control program in ever activity must be increased in scope and effectiveness. Venereal diseases are preventable.

2. To facilitate the proper and aggressive development of venereal disease control programs at station levels a limited number of specially selected deputy venereal disease control officers (class H (S)) are being trained by BuMed and assigned for full-time venereal disease control duty to districts and river commands. They will be available for further temporary additional duty assignments to all stations within the boundaries of these naval districts and river commands.

3. In order to integrate more effectively the venereal disease control programs within the geographical limits of districts and river commands, it is requested that a venereal disease control liaison officer be appointed by the commandant or commanding officer of each Naval or Marine Corps activity.

This officer should be detailed to function under the direction of the senior medical officer.

4. The duties and responsibilities of the venereal disease control liaison officer should be to:

(a) Maintain active liaison with the district medical officer (venereal disease control).

(b) Develop and carry out a broad venereal disease control program with the advice and assistance of district venereal disease control personnel.

(c) Prepare appropriate reports on venereal disease control.

5. The introduction into the program of billets for deputy venereal disease control officers and venereal disease control liaison officers should greatly increase the efficiency of control efforts. Working closely together, and with the support of all commanding officers, these personnel should also be able to favorably affect venereal disease rates.—*Ross T McIntire.*

JOINT LETTER: BuMed—BuPers

**45-144—Enlisted Personnel for Overseas Duty; Dental Requirements of
P16-3/EF; Pers-6-NCH, P3-2; 8 Jun 1945**

To: NDs (Continental)

Ref.: (a) BuPers-BuMed Joint ltr Pers-6303-DW, BuMed P3-2, 28 Feb 1945.

1. In order to relieve the heavy load on dental facilities in the fleet and in shore activities of Pacific ocean areas, it is necessary for commands in the continental United States to complete the essential dental treatment for subject personnel, *insofar as the facilities of their stations permit*.

2. Reference (a), paragraphs 5 and 6, state in part:

Thus, individuals requiring essential dental treatment, or presenting a large hydrocele or varicocele, or a hernia, or extensive skin disease are *usually* to be considered unfit for overseas duty. In order to remedy major dental defects for subject personnel, dental officers are directed to render adequate dental service, *insofar as the facilities of their stations permit*, and to make certifications on the H-4's of such individuals as follows:

"Station _____ Date _____
Essential dental treatment, operative and prosthetic, completed this date.

_____ (Signature)

3. Essential dental treatment completed is defined in the MMD as follows:

"Essential treatment completed" indicates the correction of all gross dental defects so that additional dental treatment will not be expected for a period of six or more months.

This definition is to be interpreted in its broad sense and is not to be construed as indicating that all routine dental service is to be accomplished for personnel awaiting assignment to overseas duty. Dental examinations shall be carefully made so that the number of "holdovers" for dental deficiencies will be restricted to the minimum consistent with the best interests of the war effort.

4. Individuals, whose NavMed-H-4's have been certified "essential dental treatment completed" need not be subjected to further dental screening for overseas duty, if such certification has been made within a 60-day period prior to their departure.—*Randall Jacobs—Ross T McIntire.*

45-145—U. S. Navy Immunization Record, NavMed-585

P2-3/P3-1; 8 Jun 1945

To. All ships and stations.

Ref.: (a) BuMed ltr. P2-3/P3-1(034), 2 May 1944.

(b) BuMed ltr. P2-3/P3-1, 15 Mar 1945.

Encl.: A. (HW) Subject form.

1. The United States Navy Immunization Record as shown in reference (a) is revised. The revised form, enclosure A, may be requisitioned from naval medical supply depots as Stock No. S16-925, NavMed-585, in units of 500 cards.

2. NavMed-585, completed in accordance with instructions in reference (a), shall be in the possession of all naval personnel destined for overseas duty and civilians traveling outside the continental United States under the cognizance of the Navy. It is suggested that Navy personnel deliver the cards upon reporting to a ship or station and that these cards be kept in a "current" file in the medical department, thereby providing a uniform, accurate, and easy method of checking inoculations. Attention is invited to the change in yellow-fever requirements, reference (b). A revised pamphlet on immunization requirements will be distributed in the near future to all continental stations.—*Ross T McIntire.*

Enclosure (A)

UNITED STATES NAVY IMMUNIZATION RECORD

NAVMED-585 (1-45)

Name _____

Rate or rank Type	Service or serial No.		
	Immunized date	Booster date	Signature
Cowpox			
Typhoid			
Tetanus			
Yellow fever			
Typhus (first)			
Typhus (second)			
Cholera (first)			
Cholera (second)			
Plague (first)			
Plague (second)			

Untoward reactions.

45-147—Sulfonamide Drugs, Administration of, With Reference to Flying Status*P3-2/JJ57; 9 Jun 1945*

To: All ships and stations.

Refs.: (a) BuMed ltr. P3-2/JJ47(001), 25 Jan 1943.
(b) BuMed ltr. P3-1/P3-2(104), 30 Oct 1944.

1. Reference (a) provides that flying personnel receiving any of the sulfonamide drugs orally shall not participate in aerial flights until at least 2 days after oral administration of the last dose. Reference (b) authorizes, with certain provisions, the use of sulfathiazole and sulfadiazine as oral prophylaxis against gonorrhea and chancreoid except in the case of personnel actually engaged in flying.

2. By this directive, paragraph 3, of reference (a), and paragraph 1 (g), reference (b) are hereby canceled, and the use of sulfathiazole and sulfadiazine as oral prophylaxis, under the provisions set forth in reference (b), is authorized for personnel actually engaged in flying.

3. Attention is invited to the fact that sulfonamide prophylaxis gives no protection against syphilis.—*Ross T McIntire*.

45-148—Large Scale Dispersal of Insecticides, Coordination of*L8-2/P2-3; 11 Jun 1945*

To: NDs (Continental).

1. The spectacular use of DDT in the control of insects and insect-borne diseases and the use of aircraft as a means of dispersing this material have stimulated the imagination and led to the conclusion that large scale dispersion of DDT is the solution to most insect problems. It must be remembered, however, that DDT is a potent insecticide, is not selective in its lethal effect, and may, therefore, have a deleterious effect upon fish, wildlife, and many insects which are beneficial, thus interfering with efficient pollination and other agricultural biological balances. This effect upon the biological balance is being investigated by various organizations, and until these effects are evaluated, the indiscriminate use of this material for large scale or extra-cantonment area control of disease-bearing and pestiferous insects is not encouraged.

2. For the purpose of coordination of effort, technical advice, and evaluation of procedure and results, this Bureau maintains active liaison with the United States Department of Agriculture, the United States Public Health Service, the United States Army, and other civilian and military organizations.

3. It is requested, therefore, that addressees submit to this Bureau requests for airplane dispersal of insecticides, for coordination, technical advice, and recommendations.

4. This Bureau does not, in any way, assume responsibility for any deleterious effects which may result from large scale use of this material. This responsibility remains with the unit initiating and executing this request.—*Ross T McIntire*.

**45-150—Field Records Schedule for the Bureau of Medicine and Surgery,
Authorization for Records Disposition****A6-6/EN10; 12 Jun 1945****To: All ships and stations****Ref.: (a) BuMed ltr. H3-4/EN(073-40), 11 Aug 1944.****Encl.: A. HW BuMed Field Records Schedule.**

1. Enclosure contains a list of records which have been authorized by Congress for destruction or have been listed for permanent retention. This list comprises the files and records housed at present in field Medical Department activities.

2. Instructions for destruction (by burning or shredding) are given in enclosure A.

3. Instructions for the transfer of records listed for permanent retention when they have become inactive (i. e., not requiring constant administration or professional reference by medical activities) are contained in reference (a). However, to facilitate transfer of records from fleet activities to records management centers, paragraph 4 of reference (a) shall be modified by the addition of the following:

However, units of the fleet may transfer inactive records to management centers without obtaining prior authority from the Bureau of Medicine and Surgery, upon conforming to instructions in paragraph 3 above.—*Ross T McIntire*.

Enclosure A**BUREAU OF MEDICINE AND SURGERY FIELD RECORDS SCHEDULE****PREFACE****Scope**

This document shall be called the Bureau of Medicine and Surgery Field Records Schedule, which authorizes disposition of records enumerated herein. It covers the files of all district medical offices, all naval hospitals and medical centers, all naval dispensaries and sick bays, all medical departments afloat, including those aboard hospital ships, and all medical supply depots, storehouses, or facilities.

All record copies, when used in this BuMed Field Records Schedule, simply refer to all copies normally kept by an office. The original of any form required by the manual, or other instruction, will continue to be transmitted to the Bureau.

This BuMed Field Records Schedule does not pertain to any records filed by the Bureau in Washington.

Disposition

Records shall be destroyed by burning or shredding (for paper salvage purposes) in the presence of an officer, who shall so report to the Bureau by schedule item number of, time period covered by, and cubic footage of the records involved (the same procedures shall be followed for records transferred to naval records management centers). No officer will be liable to

produce any records destroyed in accordance with this BuMed Field Records Schedule.

Items in this schedule marked "retain" may, when they become inactive, be transferred to naval records management centers upon request in accordance with BuMed circular letter : BUMED H3-4/EN9073-40, 11 Aug 1944.

Service

The naval records management centers will service upon request all records transferred to their custody.

CLINICAL AND PERSONNEL RECORDS

1. Report of Cases of Syphilis and Arsenical Treatments (NAVMED-A).
All record copies.
To be destroyed when 1 year old.
2. Abstract of Patients (NAVMED-F) obsolete.
All record copies.
To be destroyed when 2 years old.
3. Individual Statistical Report of Patients (NAVMED-F).
All record copies.
To be destroyed when 2 years old.
4. Hospital Ticket (NAVMED-G).
All record copies except the one in patient's jacket or clinical record.
To be destroyed when 1 year old.
5. Health Record (NAVMED-H).
All record copies.
Retain (follows man).
6. Weekly Hospital Report of Patients (NAVMED-I, Ia).
All record copies.
To be destroyed when 1 year old.
7. Report of Medical Survey (NAVMED-M).
All record copies except the one in the patient's jacket or clinical record.
To be destroyed when 1 year old if copy is in the patient's jacket.
8. Certificate of Death (NAVMED-N).
All record copies.
Retain with patient's jacket.
9. Report of Surgical Operations and Diagnostic Examinations (NAVMED-P).
All record copies.
To be disposed of when 2 years old.
10. Clinical Chart (NAVMED-Q).
All record copies.
Retain with patient's jacket or clinical record.
11. Binnacle List (NAVMED-S).
All record copies.
To be disposed of when 3 months old.
12. Morning Report of Sick (NAVMED-T).
All record copies.
To be destroyed when 3 months old.
13. Report of Civilian Medical, Dental and Hospital Treatment of Navy and Marine Corps (NAVMED-U).
All record copies.
To be destroyed when 2 years old.

14. Transfer of men (NAVMED-HF-3).
All record copies except one in patient's jacket or clinical record.
To be destroyed when 1 year old.
15. Order to Transfer Accounts (NAVMED-HF-4).
All record copies.
To be destroyed when 1 year old (provided the original is kept with the disbursing officer's accounts).
16. Receipt, Transfer and Status Card (NAVMED-HC-3).
All record copies.
To be destroyed when 1 year old.
17. Roster of the Hospital Corps (NAVMED-HC-4).
All record copies.
To be destroyed when 1 year old.
18. Orders for Transfer (NAVMED-HF-5).
All record copies.
To be destroyed except one in patient's jacket or clinical record.
19. Order for Transportation (NAVMED-HF-7).
All record copies.
To be destroyed except one in patient's jacket or clinical record.
20. Ward Report (NAVMED-HF-9).
All record copies.
To be destroyed when 3 months old.
21. Daily Personnel Report (NAVMED-HF-10).
All record copies.
To be destroyed when 2 years old.
22. Clinical Notes (NAVMED-HF-17).
All record copies.
Retain with patient's jacket or clinical record.
23. Liberty List (NAVMED-HF-20).
All record copies.
To be destroyed when 1 year old.
24. Laundry List (NAVMED-HF-21).
All record copies.
To be destroyed when 6 months old.
25. Tags—Personal Effects of (NAVMED-HF-22).
All record copies.
To be destroyed when 6 months old.
26. Laboratory Examination (NAVMED-HF-27).
All record copies.
Retain with patient's jacket or clinical record.
27. Ration Records (NAVMED-HF-36).
All record copies.
Destroy daily records when 1 year old, and destroy monthly records after 3 years.
28. Notice of Change in Diagnosis (NAVMED-HF-53).
All record copies.
Retain with patient's jacket or clinical record.
29. Special Examination and Treatment Request (NAVMED-HF-57).
All record copies.
Retain with patient's jacket or clinical record.

30. Operation Records (NAVMED-HF-58).
All record copies.
Retain with patient's jacket or clinical record.
31. Clinical Record (NAVMED-HF-59).
All record copies.
Retain with patient's jacket. (If no patient's jacket is maintained—as is the case in most dispensaries—clinical records and supporting papers will be transferred to the nearest Naval Records Management Center when 2 years old.)
32. Anatomical Chart for Clinical Record (NAVMED-HF-59a).
All record copies.
Retain with patient's jacket or clinical record.
33. Operations Scheduled (NAVMED-HF-64).
All record copies.
To be destroyed when 1 year old.
34. Monthly Hospital Census of Naval Patients Evacuated from Overseas (NAVMED-100) obsolete.
All record copies.
To be destroyed when 1 year old.
35. Monthly Hospital Census of Marine Corps Patients Evacuated from Overseas. (NAVMED-101) obsolete.
All record copies.
To be destroyed when 1 year old.
36. Report of Neuropsychiatric Patients (NAVMED-102).
All record copies.
To be destroyed when 1 year old.
37. Penicillin Therapy Report—Monthly Summary (NAVMED-139).
All record copies.
To be destroyed when 2 years old.
38. Penicillin Therapy Report—(Individual Report)—(NAVMED-140).
All record copies.
Retain with patient's jackets or clinical record.
39. Venereal Disease Contact Report (NAVMED-171)
All record copies.
Retain with patient's jacket or clinical record.
40. Weekly Morbidity Report (NAVMED-172).
All record copies.
To be destroyed when 2 years old.
41. Patient's Jackets or Clinical Records (consisting of data pertaining to admission, treatment, clinical notes, diagnosis, medical survey, death, etc.).
All record copies.
Transfer to the nearest Naval Records Management Center when 2 years old.
42. Staff Personnel Jackets—Civilian and Naval.
All record copies.
Destroy when 1 year old after separation or detachment.
43. Dependent's Treatment Jackets.
All record copies.
Transfer to the nearest Naval Records Management Center 2 years after reporting for last treatment.

44. Muster Cards of Patients.
All record copies.
Retain.
45. Medical Journals or Officer of the Day Logs.
All record copies.
Transfer to the nearest Naval Records Management Center when 2 years old.
46. Receipts for Health Records.
All record copies.
Destroy when 1 year old.
47. Report of Dental Operations and Treatment (NAVMED-K).
All record copies.
Destroy when 2 years old.
48. Sanitary Report—Monthly, Quarterly or Annual (Letter Form).
All record copies.
Retain.
49. Admission or Discharge of Officer (NAVMED-HF-1).
All record copies.
To be destroyed except one in patient's jacket or clinical record when 1 year old.
50. X-ray Report (NMSH 6) obsolete.
All record copies.
To be destroyed except one in patient's jacket or clinical record when 1 year old.
51. X-rays.
All record copies.
Destroy when 4 years old.
52. Request for Physiotherapy (NMSH-68) obsolete.
All record copies.
Destroy except one in patient's jacket or clinical record when 1 year old.
53. Recruiting File Card (NAVMED-Xa).
All record copies.
Destroy when 2 years old.
54. Recruiting Statistics (NAVMED-X).
All record copies.
Destroy when 2 years old.
55. Report of Physical Examination (NAVMED-Y).
All record copies.
Destroy except one in patient's jacket or clinical record when 1 year old.
56. Prescription Slips (NAVMED-148).
All record copies.
Destroy when 2 years old.
57. Muster Rolls.
All record copies.
Destroy when 2 years old or on decommissioning.
58. Baggage Record Card (NAVMED-HF-25).
All record copies.
Destroy when 1 year old.
59. Pass Book (NAVMED-HF-32).
All record copies.
Destroy 3 months after date filled.

60. Burial Record (NAVMED-HF-38).
All record copies.
Retain.
61. Register of Patients (NAVMED-HF-39).
All record copies.
Retain.
62. Special Diet Order Sheet (NAVMED-HF-40).
All record copies.
Destroy when 1 year old.
63. Monthly Return of Nurses (NMSH-32) (obsolete).
All record copies.
Destroy when 1 year old.
- 64 Report of Nurses for Disbursing Officer (NMSH-49) obsolete.
All record copies.
Destroy when 1 year old.
65. Nurse Corps, Record of Leave (NMSH-55) obsolete.
All record copies.
Destroy when 1 year old.
66. Report of Hospital Treatment Days of Active Duty Personnel (NMSH-69) obsolete.
All record copies.
Destroy when 1 year old.
67. Pharmacist's Mate Qualifications Report (NM&SHC Form 2) obsolete.
All record copies.
Destroy when 3 months old.
68. Report of Physical Examination for Flying (NAVMED-AV-1).
All record copies.
Destroy when 1 year old.
69. Report of Plane Crash (NM&S Form AV3) obsolete.
All record copies.
Destroy when 1 year old.
70. Report of and request for Dental Prosthetic Treatment (NMSD Form L), and Report of Dental Prosthetic Treatment (NAVMED-L, Rev. 1941).
All record copies.
Destroy when 1 year old.
71. Venereal Prophylaxis Record.
All record copies.
Destroy when 1 year old.
72. Death Registers.
All record copies.
Retain.
73. Master at Arms papers (leave chits, copies of orders, muster cards of staff personnel, etc.), and O. O. D. papers (ambulance and transportation request files)
All record copies.
Destroy when 1 year old.
74. Doctor's order book, Casualty log, Temperature, Pulse, Respiration Book, Evacuee log, Ward logs, Medical Officers Memoranda, Laboratory log, and other similar temporary logs.
Destroy when 2 years old.
75. X-ray and Narcotic Logs.
All record copies.
Retain.

76. Orders, reports, and correspondence with the Bureau of Naval Personnel relating to officer and enlisted personnel (exclusive of records placed in the individual's records).
All record copies.
Destroy when 1 year old or on decommissioning.
77. Captain's Mast Book and related papers.
All record copies.
Destroy when 6 years old.
78. Allowance cards and expiration of enlistment cards.
All record copies.
Destroy when individual is transferred.
79. Report of Allotment Expenditures and Obligations (NAVMED-B).
All record copies.
Destroy when 3 years old.
80. Inventory and Transfer of Property (NAVMED-D).
All record copies.
Destroy when 3 years old.
81. Statement of Receipts and Expenditures of Medical Department Property (NAVMED-E).
All record copies.
Destroy when 3 years old.
82. Issue Vouchers (NAVMED-R).
All record copies.
Destroy when 3 years old.
83. Supplies and Equipment Ledger (NAVMED-W).
All record copies.
Destroy when 3 years old.
84. Real Estate, Land and Buildings Ledger Sheet (NAVMED-Wa).
All record copies.
Retain.
85. Requisition and Invoice (NAVMED-4).
All record copies.
Destroy when 3 years old.
86. Equipment Voucher (NAVMED-HF-11).
All record copies.
Destroy when 3 years old.
87. Time and Pay Roll Record (NAVMED-HF-62).
All record copies.
Destroy when 3 years old.
88. Request for Repairs (Work Request)—(NAVMED-63).
All record copies.
Destroy when 3 years old.
89. Allotment Record (NAVMED-67).
All record copies.
Destroy when 3 years old.
90. Charge Register (Register No. 1) (NAVMED-567).
All record copies.
Destroy when 3 years old.
91. Expanse Analysis Register (Register No. 2) (NAVMED-568).
All record copies.
Destroy when 3 years old.

92. Recapitulation of Ledger Accounts (Register No. 3) (NAVMED-569).
 - All record copies.
 - Destroy when 3 years old.
93. Civilian Pay rolls (Standard Form 1072a).
 - All record copies.
 - Destroy when 3 years old.
94. Time Clock Cards (I. B. M. or other local form).
 - All record copies.
 - Destroy when 3 years old.
95. Public Vouchers substantiating papers and other appropriational vouchers (Standard Form 1034).
 - All record copies.
 - Destroy when 3 years old (except for papers relating to land and buildings, which should be retained).
96. Stub Requisitions (S&A Form 129) and Summaries of Stub Regulations (S&A Form 178).
 - All record copies.
 - Destroy when 3 years old.
97. Expenditure Invoices (S&A Forms 71 or 127).
 - All record copies.
 - Destroy when 3 years old.
98. Transfer Vouchers Received (Land and Buildings).
 - All record copies.
 - Retain.
99. Receipt and Expenditure Vouchers—Provisions (NAVMED-HF-37).
 - All record copies.
 - Destroy when 3 years old.
100. Military Pay roll Cards (Local Form).
 - All record copies.
 - Destroy when 3 years old.
101. Adjustment Vouchers—Local (Letter Form).
 - All record copies.
 - Destroy when 3 years old.
102. Military Pay Roll-Daily Work Sheets (Local Form).
 - All record copies.
 - Destroy when 3 years old.
103. Military Pay Roll—Department Control (Local Form).
 - All record copies.
 - Destroy when 3 years old.
104. Transfer Vouchers Received (Other than Land and Buildings).
 - All record copies.
 - Destroy when 3 years old.
105. Request for Property Survey and Report of Survey (NMS Form Ca and Ca-1), or S&A Form 154 (other than Land and Buildings).
 - All record copies.
 - Destroy when 3 years old.
106. Request for Blank Forms (NMSH Form O) obsolete.
 - All record copies.
 - Destroy when request has been furnished.
107. Government Bill of Lading.
 - All record copies.
 - Destroy when 3 years old.

COMMISSARY RECORDS

108. Diet Sheet (NAVMED-HF-18).
All record copies.
Destroy when 3 months old.
109. Commissary Ledger (NAVMED-HF-35a).
All record copies.
Destroy when 3 years old.
110. Receipt and Expenditure Vouchers—for Commissary Ledger (NAVMED-HF-37).
All record copies.
Destroy when 3 years old.
111. Order and Inspection Blank (NAVMED-HF-23).
All record copies.
Destroy when 3 years old.
112. Commissary Ledger—Cash Value Sheet (NAVMED-HF-35).
All record copies.
Destroy when 3 years old.
113. Dealer's Delivery Slips.
All record copies.
Destroy when 3 years old.
114. Correspondence re deliveries, contractors, Health Department, supplies, etc.
All record copies.
Destroy when 3 years old.

NOTES

1. General correspondence files maintained by hospitals, dispensaries, and medical departments afloat may be transferred to the nearest naval records management center when 2 years old.

2. Stowed records of decommissioned medical units (consisting of patient's jackets, muster cards, X-rays, lab books, general correspondence, journals, logs, etc.) should be transferred to the nearest naval records management center:

253 North Broad Street, Philadelphia 7, Pa., or
417 South Spring Street, Los Angeles 13, Calif.

45-151—Hospital Aircraft, Need for

A21/N33-3; 12 Jun 1945

To: ComAirPac; ComAirLant; ComFairQuonset; Chief, NAPTC, NAITC, NAOTC; Commander, NATB, Corpus Christi, Tex., Pensacola, Fla.; Commander, NCAB, Cherry Point, N. C.; Commander, NAB, 5th, 11th, 12th, 13th N. D.

Encl.: A. (HW) CNO ltr Op-31-C-JPR: Id, serial 278331, 5 Jul 1945, copy of.

1. In order that this Bureau may comply with the request contained in enclosure A, your comments and recommendations are requested as to the need for the SNB-2H type of aircraft for the functions indicated.—*Ross T McIntire.*

RESTRICTED

670767°-46—31

JULY 1939—JULY 1945

Op-31-C-JPR : 1d
Serial : 278331

Enclosure A

5, June, 1945

MEMORANDUM

From : CNO.

To : Chief, BuMed.

Subj: Hospital Aircraft.

1. Model SNB-2H hospital airplanes are assigned to various naval aviation activities as follows:

1 ComAirLant, Norfolk, Va.	1 NAAS, Los Alamitos, Calif. ¹
2 ComFairQuonset, Quonset Point, R. I.	1 NAS, Miami, Fla.
1 CNATB, Pensacola, Fla.	1 NAS, Norfolk, Va.
1 CNATB, Corpus Christi, Tex.	1 NAS, Ottumwa, Iowa.
1 NAS, Alameda, Calif.	1 NAS, San Diego, Calif.
1 NAS, Bunker Hill, Ind.	1 NAS, Seattle, Wash.
1 NCAS, Cherry Point, N. C.	1 AROU-1 Momote, Admiralty Island, Alaska.
1 NAAS, Jacksonville, Fla.	

¹ In process of transfer to NAS Norman, Okla.

2. It is requested that a review of the needs for this model airplane be made by BuMed and that recommendations be submitted covering:

- (a) Suggested redistribution of SNB-2H aircraft now available.
- (b) Additional needs, if any.

3. If the reply covering 2 (b) above, demonstrates the need for additional hospital aircraft and is accompanied by adequate justification, steps will be taken to modify additional SNB aircraft to fill such needs.

[S] Allen Smith, Jr.
ALLEN SMITH, JR.
By direction.

45-152—Distribution of *G. I. Movie Weekly* Reissues to Naval Hospitals

A16-1/P3; 13 Jun 1945

To: NavHospitals (all types Continental)

Encl: A. (HW) Copy of BuPers letter Pers-4141a/ear, 26 May 1945.

1. Enclosure is forwarded for information and guidance.—Ross T McIntire.

Enclosure A

Pers-4141a/ear 26 MAY 1945

To: Bureau of Medicine and Surgery

Attn.: Rehabilitation Branch

Subj.: Distribution of *G. I. Movie Weekly* Reissues to Naval Hospitals.

1. Enclosure (1) describes a plan for the distribution among naval hospitals of film subjects selected from past issues of the *G. I. Movie Weekly*, through the use of joint Army-Navy circuits, and lists the hospitals which are to receive the films. Distribution is to be handled by the several Army service commands.

2. It is expected that considerable use will be found for subject films in the educational services program. However, it is felt that where a given film may be more appropriately used in some other phase of rehabilitation, the print should be turned over to the proper authority for use.

3. Prints will be delivered at each hospital marked for the attention of the educational services officer, who will be responsible for receiving prints, reporting on showings, and forwarding to the next hospital in the circuit.

4. Although subject films have had previous distribution among both Army and Navy personnel, the current shortage of raw film stock, the scarcity of new film subjects, the turnover in hospital personnel, and the general excellence of many of the films have made it advisable to prolong the usefulness of available prints. While it is expected that many subjects can be used in all hospitals, utilization of the films is left to the discretion of the medical officer in command.

5. It is requested that the information herewith be furnished to the medical officer in command at each hospital listed in enclosure (1).

By direction of the Chief of Naval Personnel.

[S] CARLTON R. ADAMS,

Commander, USN,

Director, Standards and Curriculum Division Training.

(Enclosure 1 of Enclosure A)

DISTRIBUTION OF "G. I. MOVIE WEEKLY" REISSUES TO NAVAL HOSPITALS

1. Selected subjects from past issues of the *G. I. Movie Weekly* have been selected and regrouped into half-hour "reissue" packages for distribution to naval hospitals on joint Army-Navy circuits.

2. Distribution to both Army and Navy hospitals will be made through the several Army service commands, who will notify the hospitals concerned about titles, booking dates, and shipping instructions.

3. Several factors have operated to make it necessary to designate a limited number of hospitals which will receive prints before the others. All hospitals will be reached eventually.

4. Showing time at each hospital will be figured on the basis of one day per each 300 of authorized bed capacity.

5. Prints will be addressed to the Medical Officer in Command, Attention: Educational Services Officer.

6. It is expected that all prints will be screened at the several hospitals where use may be found for the films. These facts must be noted:

(a) Some of the subjects will not be suitable for use in every educational service program.

(b) Such subjects as may prove useful in other aspects of rehabilitation (Welfare, Red Cross, etc.), may be turned over to the appropriate officer for use.

(c) When the nature of the subject or the time of print arrival makes an issue useless in a given program, the print is to be shipped on to the next activity on the circuit.

(d) Whatever disposition may be made of the films, cognizance of receipting, reporting on use, and forwarding on the circuit remains under educational services.

7. An official letter will be sent to each hospital concerned, with reference made to this enclosure.

8. Attached are the names of hospitals scheduled to receive prints.

Group "A" will be the first to be placed on circuits; groups "B" and "C" will follow in that order.

9. It is expected that the circuits serving group "A" will be established by the end of Jun 1945.

NAVAL HOSPITALS

With Educational Services

GROUP "A"

1. United States Naval Hospital, Asbury Park, N. J.
2. United States Naval Special Hospital, Palm Beach, Fla.
3. United States Naval Special Hospital, Arrowhead Springs, San Bernardino, Calif.
4. United States Naval Special Hospital, Kenilworth Park, Asheville, N. C.
5. United States Naval Hospital, Astoria, Oreg.
6. United States Naval Hospital, Bainbridge, Md.
7. United States Naval Special Hospital, Beaumont, Calif.
8. United States Naval Hospital, Dublin, Ga.
9. United States Naval Hospital, Fort Eustis, Lee Hall, Va.
10. United States Naval Special Hospital, Glenwood Springs, Colo.
11. United States Naval Hospital, Memphis, Tenn.
12. United States Naval Hospital, Pensacola, Fla.
13. United States Naval Hospital, Portsmouth, N. H.
14. United States Naval Hospital, Sampson, N. Y.
15. United States Naval Special Hospital, Santa Cruz, Calif.
16. United States Naval Hospital, Santa Margarita Ranch, Oceanside, Calif.
17. United States Naval Special Hospital, Sun Valley, Ketchum, Idaho.
18. United States Naval Hospital, Yosemite National Park, Calif.
19. United States Naval Hospital, Camp Lejeune, New River, N. C.

GROUP "B"

1. United States Naval Special Hospital, Banning, Calif.
2. United States Naval Hospital, Puget Sound, Bremerton, Wash.
3. United States Naval Hospital, Charleston, S. C.
4. United States Naval Hospital, Corpus Christi, Tex.
5. United States Naval Hospital, Farragut, Idaho.
6. United States Naval Hospital, Jacksonville, Fla.
7. United States Naval Hospital, Long Beach, Calif.
8. United States Naval Hospital, New Orleans, La.
9. United States Naval Hospital, Newport, R. I.
10. United States Naval Hospital, Norfolk, Va.
11. United States Naval Hospital, Norman, Okla.
12. United States Naval Hospital, Portsmouth, Va.
13. United States Naval Hospital, San Leandro, Calif.
14. United States Naval Hospital, Seattle, Wash.
15. United States Naval Special Hospital, Springfield, Mass.
16. United States Naval Hospital, Parris Island, S. C.

NAVAL HOSPITALS

With Educational Services

GROUP "C"

1. United States Naval Hospital, Bethesda, Md.
2. United States Naval Hospital, Brooklyn, N. Y.
3. United States Naval Hospital, Chelsea, Mass.
4. United States Naval Hospital, Corona, Calif.
5. United States Naval Hospital, Corvallis, Oreg.
6. United States Naval Hospital, Great Lakes, Ill.
7. United States Naval Hospital, Mare Island, Calif.
8. United States Naval Hospital, Oakland 14, Calif.
9. United States Naval Hospital, Philadelphia, Pa.
10. United States Naval Hospital, St. Albans, N. Y.
11. United States Naval Hospital, San Diego, Calif.
12. United States Naval Special Hospital, Sea Gate, Brooklyn, N. Y.
13. United States Naval Hospital, Shoemaker, Calif.
14. United States Naval Hospital, Quantico, Va.

45-153—Medical Stores, Modification of Control, Issue, Invoicing and Purchasing Procedures at Medical Supply Depots and Storehouses, and at Medical Sections of Naval Supply Depots (Revised)**EN3/L11-2; 15 June 1945****To:** NMSDs; NMSS (Continental); NSDs (Mechanicsburg, Spokane, Clearfield).**Ref.:** (a) BuMed cir. Ltr. L8-2(072) 9 June 1944.
(b) BuMed Cir. Ltr. L8-2(072) 15 Apr. 1945.

1. Reference (a) is hereby canceled. Reference (b) outlines instructions regarding submission of NAVMED-4.

2. Effective upon receipt of this letter the following instructions shall apply to control, issue, and invoicing procedures at naval medical supply depots, medical supply storehouses and medical stores sections of naval supply depots.

(a) *The Naval Medical Supply Depot, Brooklyn, N. Y.*, is assigned control over medical stores at the medical stores section, NSD, Mechanicsburg, Pa., and general cognizance over medical stores at the medical supply storehouses at Newport, R. I., Norfolk, Va., Charleston, S. C., and New Orleans, La. Stock replenishment for the above named medical supply storehouses and NMSD, Balboa, C. Z., shall be as directed in subparagraph (d) (1) below.

(b) *The Naval Medical Supply Depot, Oakland, Calif.*, is assigned control over medical stores at the medical stores section, NSD, Clearfield, Utah, and Spokane, Wash., and general cognizance over medical stores at the medical supply storehouses at Seattle, Wash., San Pedro, Calif., and San Diego, Calif. Stock replenishment for the above named medical supply storehouses and NMSD, Pearl Harbor, shall be as directed by subparagraph (d) (1) below.

(c) *Medical supply storehouses* shall obtain all replenishment of medical stores from the medical supply depots named in paragraphs 2 (a) and 2 (b), except as otherwise directed by specific orders.

(d) *Extracontinental medical supply depots and continental medical supply storehouses*.—(1) Extracontinental supply depots and continental medical supply storehouses shall establish a maximum stock level and an order point for each item of medical stores authorized to be carried in stock. The order point shall be adjusted to the processing and transit period involved. The maximum stock level shall represent a 9-months' supply at current rates of issue unless otherwise directed by the area commander. This level shall be determined by multiplying the sum of the last 3 months' issues for each item by three, plus any anticipated non-recurring requirements. Descending rates of issue shall also be taken into consideration in determining the maximum stock level.

Example—Item 2-345 cotton, absorbent, 1-pound roll:

Total issues for January-----	1,000
Total issues for February-----	500
Total issues for March-----	1,500

Total issues last three months-----	3,000
	×3

Maximum stock level-----	9,000

9,000 divided by 9 equals 1,000, establishing the average monthly rate of issue at 1,000 rolls of cotton per month. The time normally required to obtain supplies after submission of requisition, is 1 month, during which period 1,000 rolls of cotton would normally be issued.

Order point shall represent an adjusted 6-months' supply at current rates of issue.

Example:

Six months' normal supply 1,000×6-----	6,000
Time normally required to obtain supplies, 1 month,	
during which 1,000 rolls would be issued-----	1,000

Adjusted order point-----	7,000

(2) As of the first day of each month, extracontinental medical supply depots and continental medical supply storehouses shall requisition replenishment of those items of medical stores, the balance on hand of which is at or near the adjusted order point. The differences between stock on hand and maximum stock level shall be requisitioned, and interdepot transfer voucher, in quadruplicate, shall be submitted for stock replenishment. The body of the voucher shall be arranged as follows:

Box No.	Item No.	Stock No.	Item	Unit	Maximum stock	On hand	On order	Re-quired	Case lot	Rerepack

Quantities requisitioned shall conform to the nearest case lot or carrier carton when practicable. Unusually large requirements for medical stores shall be justified by attached explanatory notes and memoranda. The

cognizant depot shall review these requisitions for stock replenishment and furnish the items thereon to the extent of the stock available in the depot. Items requisitioned but not available for issue shall be transferred (back ordered) and furnished on supplemental interdepot transfer voucher as they become available. In order that pyramiding of requirements may be avoided, requisitioning depots and storehouses should bear in mind that stock items not available in issuing depots when requisitions are processed will be furnished immediately upon receipt by cognizant depots. Such orders shall not be duplicated. Requests for modification in quantities or items of back ordered medical stores shall be submitted whenever the demand is decreased or no longer exists. Emergency requisitions for stock replenishment may be submitted to cognizant depots at any time. The third copy of each interdepot transfer voucher shall be forwarded to the requisitioning depot or storehouse at time of shipment of the medical stores. This copy shall show all action taken by the issuing depot. The second copy shall be retained by the issuing depot. The original shall be mailed to the requisitioning depot or storehouse for receipt endorsement and returned to the issuing depot.

(e) *Shortages, loss, damage, etc., of medical stores.*—If any apparent shortage, overdelivery or other error is found in comparing a shipment received with the interdepot transfer voucher, a full report thereof shall be made to the issuing depot. If the issuing depot does not accept responsibility for the discrepancy, the stores shall be taken up as invoiced and shortages adjusted on the books of the receiving activity by an adjustment voucher. In case of missing narcotics, also comply with article 44-102, Navy Department Bulletin, 31 Jan 1944. When medical stores are lost or damaged by a Government or commercial carrier, the procedure outlined in article 1903 of the BuS&A Manual and article 1840-5 of BuS&A Memoranda shall be complied with.

(f) *Medical stores sections of naval supply depots.*—As directed in pars 2 (a) and 2 (b) the medical stores in medical stores sections of naval supply depots shall be under the control of the medical supply depots, Brooklyn and Oakland.

(1) Orders for movement of medical stores out of the medical stores sections of naval supply depots shall originate in the medical supply depots controlling these stores. Orders for movement of medical stores into medical stores sections of naval supply depots shall originate in Matériel Division after consultation with controlling medical supply depots.

(g) *NarMed 4, Requisitions (formerly NMS Form 4).*—Shall be submitted to the medical supply depots and storehouses in quadruplicate. After being reviewed, processed and completed, they shall be disposed of as follows:

Original—Retained by issuing activity.

Second copy—To accompany the bill of lading.

Third copy—Packing copy, to be packed with shipment.

Fourth copy—For depot or storehouse use.

(h) *Preparation of invoices.*—From the original copy of the requisition, on which there has been entered all information concerning action taken by the Depot or Storehouse concerned, Medical Stores Invoice NAVMED-255 and 259 shall be prepared, either by means of a billing machine or a typewriter.

(1) In general, invoices shall be prepared in sextuplicate. The disposition of these six copies shall be as follows:

Original—To the requisitioning activity for receipt and return to the issuing activity for transmittal to Matériel Division.

Second—To the Matériel Division for transmittal to Finance Division, BuMed (mail as soon as completed).

Third—To the requisitioning activity for its files.

Fourth—To the Matériel Division (mail with second copy).

Fifth—For use in preparing transfer requisitions.

Sixth—For issuing activity's files.

All copies of invoices shall contain full information relative to all action taken on the requisition, and shall include unit prices, extensions and totals.

(2) For overseas shipments, nine copies of the medical stores invoice, NAVMED-255 and 259 shall be prepared. Disposition of the first six copies shall be the same as for domestic shipments, with the seventh, eighth and ninth used as additional information copies for the consignee or transshipping agencies.

(3) For defense aid shipments, six copies of invoice NavSandA 127 shall be prepared instead of NAVMED-255 and 259. Disposition of copies shall be the same as for NAVMED-255 and 259 (outlined in subparagraph (1) above), except that the original, second and fourth, shall be received by an authorized agent of the foreign government concerned, and forwarded to Matériel Division, BuMed. All copies shall be clearly marked "Defense Aid Issue." See Chapter 30, BuS&A Memoranda, article 3030-7, for detailed instructions.

(4) For shipments to other government agencies, six copies of invoice NavSandA 127 shall be prepared instead of NAVMED-255 and 259. Disposition of copies shall be the same as for NAVMED-255 and 259 (outlined in subparagraph (1) above), except that the second and fifth copies, as well as the original and third, shall be sent to the requisitioning activity, the second for receipt and return with the original, and the fifth with the third for the activity's files.

(i) *Transfer requisitions.*—(1) *All shore stations.*—Transfer requisitions, back-ordering items not available when requisitions are originally filled shall be prepared and filed pending receipt of stores, by medical supply depots only. Transfers shall be made from the fifth copy of the invoice to medical stores requisition (transferred), NAVMED-574 (formerly NAVMED-4-TR) which shall be prepared in thirteen copies or as required. The original of the transfer requisition shall be filed according to requisitioning activity and each set of three copies according to stock number. When stores become available, the appropriate copies shall be removed from file and routed through the usual channels for issue. Entry of the date on which each item is issued shall be made on the original of NAVMED-574 (formerly NAVMED-4-TR).

(2) *Ships.*—(a) *Commissioning outfits.*—Items of equipment designated as "installation material" not in stock shall be back ordered, in accordance with instructions for shore stations, subparagraph (1) above. Back orders on these items shall be given first priority, upon receipt of stores. All other items on ships' commissioning allowances shall be back ordered until a "final control date" subsequent to the commissioning of the ship. The final control date shall be based on the ship's availability date after being

commissioned, and shall allow the depot a minimum time to process and ship the material to reach the ship on the ship's availability date. Prior to the final control date, a check shall be made for available material. Items not available shall be canceled and reported by letter to the ship with instructions to re-requisition the items from the nearest medical supply depot or storehouse.

(b) *Ships replenishment requisition.*—Items ordinarily stocked in numbered medical supply storehouses (overseas) which are not available when requisitions are originally filled, shall not be back ordered. These items will be canceled and reported by letter to the ship concerned, with instruction to re-requisition the item from the nearest medical supply depot or storehouse. Items not ordinarily stocked in numbered medical supply storehouses shall be back ordered in accordance with subparagraph (1) above. So long as the ship is available to the depot or storehouse, and during the period from the control of the requisitions to the time shipment is effected, every effort shall be made to provide items which have been received during the interim.

(j) *Monthly reports.*—A monthly stock status report, shall be prepared in accordance with current instructions on prescribed form (No. 2218, furnished by Matériel Division, Brooklyn, N. Y.), by each medical supply depot and continental storehouse, as of the twentieth day of each month. This report shall be forwarded to Matériel Division, Brooklyn, via air mail not later than the twenty-third day of each month.

(k) *Commissioning outfits (ships).*—The commissioning outfit unit in the Washington Office, Matériel Division, shall initiate letters to industrial managers and supervisors of shipbuilding requesting necessary information to be supplied to the medical supply depots at Brooklyn or Oakland, depending on the area concerned. Copies of all such correspondence shall be furnished the medical supply depots, Brooklyn and Oakland, and Matériel Division, Brooklyn. On receipt of information from industrial managers or supervisors of shipbuilding, the depot concerned shall take steps to supply the outfit required.

(l) *Overseas shipment.*—Processing of overseas shipments, including automatic replenishments, is the function of the medical supply depot, Brooklyn, for shipments from the East Coast, and the medical supply depot, Oakland, for shipments from the West Coast. The Matériel Division and the Brooklyn and Oakland depots will keep one another constantly informed relative to any changes concerning overseas shipping points.

(m) *G functional components and fleet hospitals.*—Preparation, assembly, location and control of G functional components and fleet hospitals will be accomplished under the immediate direction of the Matériel Division. Orders to depots and storehouses to issue medical stores for assembly of G functional components and fleet hospitals will originate in the Matériel Division.

(n) *Annual and purchase requisitions.*—(1) Annual purchase requisitions for medical stores shall continue to be prepared by medical supply depots, in accordance with current instructions, with exception of biological products. This class of material will be procured by the Matériel Division.

(2) In order that the Matériel Division may have available precise information to guide it in ordering deliveries by contractors, the depots at Brooklyn and Oakland will be informed of purchases as they are initiated, and will be requested to advise the Matériel Division concerning their plans, relative to where and in what quantities they desire deliveries to be made.

Determination of the quantities of each requisition to be assigned to the two depots will be the responsibility of the Matériel Division.

(o) *Maintenance allotments.*—Maintenance allotments to medical supply depots and maintenance suballotments to medical supply storehouses within the continental limits of the United States, will continue to be made in accordance with current instructions.

(p) *Receiving records.*—Current instructions relative to furnishing Matériel Division copies of receiving records are unchanged.—*Ross T McIntire.*

45-154—Work Projects for Maintenance, Additions and Improvements, Procedure for Accomplishment of

A1-1/NN; 16 Jun 1945

To: NavHospitals (All Types Continental); NavMedRes Unit No. 1; NMSD's.

Ref.: (a) BuMed ltr. A1-1/NN(023), 17 May 1944.
(b) BuMed ltr. A1-1/NN(023), 29 Jul 1944.
(c) Annual Work Request, NAVMED 698.
(d) BuMed ltr. A1-1/NN(023042), 26 May 1944.

Encl.: A. (HW) Specific Work Request.
B. (HW) Local Request for Estimate.
C. (HW) BuMed Check-Off List.

1. Previous instructions on subject procedure, references (a) and (b), are hereby canceled, being superseded in part by this letter and in part by reference (c), a copy of which was forwarded to each station granted such an authorization.

2. Projects beyond the capacity of the station force shall be submitted to the Bureau for approval, unless it may be accomplished under the annual work request authorization. The method of submission is governed both by the nature of the work and by its cost, as described below:

(a) The specific work request shall be employed for projects classifiable as follows, which, if approved, will become obligations under the appropriation, Medical Department:

(1) Maintenance, such as painting, rehabilitation of existing roofs, or renovation of existing floors, regardless of cost.

(2) Replacement of heavy machinery and equipment, regardless of cost.

(3) Extensions and improvements to buildings and improvements to grounds, when total cost estimate does not exceed \$20,000. The estimate must include materials on hand and to be procured, labor, overhead, and contingencies. Dividing projects into increments in order that each increment may come within the \$20,000 limitation, is prohibited.

(b) A letter request shall be employed for projects classifiable as follows, which, if approved, will become obligations under the appropriation, public works:

(1) Extensions and improvements to buildings and improvements to grounds, costing more than \$20,000.

(2) All new, distinctly separate buildings, regardless of cost.

Attention is invited to reference (d) for instructions regarding the submission of public works projects.

3. In the past, the required number of copies of the specific work request and supporting papers, frequently were not received in the Bureau. Therefore, it is requested that addressees ascertain the copy needs of intermediate processing agencies and initiate a sufficient number to insure fulfillment of BuMed requirements, as follows:

Enclosure A—Four copies (one of which will be returned to the station, when approved).

Enclosure B—Three copies.

Enclosure C—Three copies.

Enclosures should be reproduced as required by each activity, since these items are not stocked by medical supply depots.

4. It is the intention of the Bureau that the local request for estimate (encl. B) shall be made to the administrative command under whom the work will be accomplished. In the majority of cases this will be the district commandant, but in certain instances it will be another administrative command. Navy Regulations 487 and 1487 require the submission of new projects to the district commandant for recommendation. It is considered that compliance will have been achieved when the estimate is requested of the commandant, and it is expected that any comments which he may make will be included in the papers supporting the specific work request, which then shall be submitted directly to the Bureau. When the estimate is secured from another administrative command the specific work request shall be submitted to the Bureau via the district commandant.—*Ross T McIntire.*

Enclosure A

U. S. NAVAL _____ Date _____

To: BuMed.

Via:

Subj.: Station Project No. _____

Ref.: (a).

(b).

Encl.: (1).

(2).

1. Authorization is requested for subject project, described in detail in Enclosure 1.

2. Justification.

3. Budget status:

(a) Was this project approved in current estimates? Yes. No.

(b) If approved, state: Item No. _____, page No. _____, subobject symbol _____, amount authorized \$_____, quarter _____.

(c) Has an obligation in the amount of the estimated cost of this project been established in the allotment control record in order to reserve funds for this purpose? Yes. No.

(d) Is increase in allotment or modification of quarterly apportionment required? Yes. No.

(e) If answer to (d) is yes, accompany this work request with an official request for modification of allotment prepared in accordance with current instructions.

4. Proposed accounting classifications:

(a) Object symbol _____.

(b) Expenditure classification symbol _____.

- (c) General ledger account _____
 (d) Expense analysis account _____

(Signature)

(Bureau of Medicine and Surgery.)

BuMed SWR No. _____ Dated _____

To :

1. Approved.

(Chief of Bureau.)

Enclosure B

Request for estimate. Date _____

From : MedOfCom _____

To : _____

(District Commandant or other administrative unit under whom work will be accomplished.)

Subj. : Request for estimate on station project No. _____

Encl. : 1. (HW) BuMed check-off list.

1. It is requested that an original and _____ copies of enclosure 1 be prepared for subject project.

Description :

2. This project will be forwarded to BuMed for screening, and accomplishment by specific work request. If approved, BuMed will make funds available to BuDocks from the appropriation 17 1102—Medical Department, Navy, 19_____.

(Medical officer in command.)

Enclosure C**BUMED CHECK-OFF LIST**

For construction data :

(a) Type of construction—Description :

(b) Cost estimate (including A&E services) :

Material _____ \$_____

Labor _____

Contingency _____

Total _____

Calculating unit _____

Cost per unit \$_____

(c) Sketch plans are (not) included as enclosure 2.

2. Recommendation for method of accomplishment by BuDocks.

Yard labor _____

Informal con-
tract _____New NOy con-
tract _____Change order,
existing con-
tract _____

Name of yard or station to accomplish work _____

3. Recommendation for accomplishment of A&E Services.

Public Works force -----
Informal con- tract -----
Recommended fee (if appli- cable) -----
Lump sum con- tract -----
Change order, existing con- tract -----

4. Estimated completion date (include time required for processing) -----
5. General remarks.

(Signature of officer).

Data furnished by : -----

45-156—Supervisory Ratings, Assistant Foreman and Head

LL/EN10; 22 June 1945

To: NavHosp (All types Continental)

Refs.: (a) UnderSecNav (SECP) ltr. SECP-411: mr 9 June 1945.
(b) BuMed Cir. ltr. LL/EN10(111) 1 May 1945.

1. The following is quoted from reference (a).

1. The schedule of wages, revised to 16 Oct 1944, as amended, is hereby further amended on page 13, special supervisory ratings, group IVa by deleting the subparagraph headed "naval hospitals" and substituting in lieu thereof the following:

Naval hospitals—Assistant foreman, \$0.25 per hour more than the maximum rate of pay of the highest rated trade or occupation supervised. Head, of one or more trades or occupations, \$0.10 per hour more than the maximum rate of pay for their trade or occupation. Heads shall be designated according to their specific trade or occupation, such as head carpenter, head painter.

2. This amendment shall be effective the beginning of the first pay period in July, namely, 2 July 1945.

2. This amendment to the schedule of wages was made by UnderSecNav upon the recommendation of BuMed as it is believed that in some hospitals a middle tier of supervision is needed between the foreman mechanic and head ratings. This amendment in effect substitutes the rating of assistant foreman (at \$0.25 per hour more than the rate of pay of the highest rated trade or occupation supervised) for the rating assistant chief mechanic (which has been the same wage level as heads; namely, \$0.10 per hour more than the maximum pay for their trade or occupation). In addition, this amendment cancels the general rating of head mechanic and converts these

to heads of specific trades or occupations at the present rate of \$0.10 per hour more than the maximum rate of pay for their trade or occupation.

3. Activities which have an authorized position of assistant chief mechanic shall take the necessary action on 2 July 1945 to convert this position to the position of assistant foreman at \$0.25 per hour more than the maximum rate of pay of the highest rated trade or occupation supervised. This position may then be filled by the present incumbent of the position of assistant chief mechanic or any other person deemed better qualified by the medical officer in command. If the present incumbent of the position of assistant chief mechanic is not selected for the position of assistant foreman, he should be assigned to an appropriate head rating.

4. Activities which have an authorized position of head mechanic shall take the necessary action of 2 July 1945 to convert this position to the position of head of a specific trade or occupation (such as head plumber, head joiner, etc.), at \$0.10 per hour more than the maximum rate of pay for their trade or occupation.

5. The Bureau has final authority to establish a pattern for the use of head and assistant foreman ratings. Those hospitals requiring additional supervisors for the maintenance force between the head ratings and the foreman mechanic may request the Bureau for one or more additional assistant foreman ratings at \$0.25 per hour more than the maximum rate of pay of the highest rated trade or occupation supervised. Such requests should be accompanied by an organization chart of the maintenance force showing the various shops or functions and the number of persons in each trade or occupation to be supervised.

6. If additional head rating at \$0.10 per hour more than the maximum rate of pay of the specific trade or occupation are required, such request for additional head rating shall be made of the Bureau as in the past.

7. Paragraph 4 (c) of reference (b) is amended by substituting the words "assistant foreman" for the words "assistant chief mechanic."—Ross T McIntire.

45-158—Work beyond the Capacity of the Station Force, Local Accomplishment of

A1-1/NN(023); 25 June 1945

To: NavHosp (All types Continental); NMSDs.

Ref.: (a) BuMed Annual Work Request, 19 May 1945.

Encl.: A. (HW) Fifty sets of NAVMED-732.

1. Reference (a) made funds available to BuDocks whereby the work authorized in reference (a) be accomplished for each addressee without reference to the Bureau, if within certain limits, the obligations to be lodged against the Appropriation 1761102—Medical Department, Navy, 1946.

2. Enclosure A is hereby established as the standard method of initiating work under the blanket authorization of reference (a), thus insuring uniformity, and also providing the Bureau with the details of the work required. Attention is invited to the instructions printed on the reverse of the form.

Additional supply of forms may be obtained from medical supply depots under the stock No. S16-2051.

3. It is emphasized that the annual work request is established to provide only for the subject work. Therefore, supplies and equipment for work to be accomplished by station force shall be procured under the authority of reference (a).—*Ross T McIntire.*

45-159—Venereal Disease Contact Investigation Analyses

P3-1/P3-2; 26 June 1945

To: ND's and RivComs; AirTraComs and PhibTraComs.

Ref.: (a) Outline of Venereal Disease Contact Reporting System utilizing form NAVMED-171, 14 May 1944, BuMed.

Encl.: A. (SC) Navy Venereal Disease Contact Investigation Report No. 1, NAVMED-771. (Available on request.)

1. Reference (a), section VI, indicated the plan of statistical analysis contemplated for Navy venereal disease contact investigation. Enclosure A represents the first of a series of quarterly analyses of data derived from NAVMED-171 (venereal disease contact report). Subject analysis for the fourth quarter 1944 is now in preparation. Future reports will be forwarded approximately five months after the close of the quarter being reported.

2. These analyses provide comparative data for naval districts, ships, overseas stations, states and possessions. It is hoped that this information may be of value in stimulating the operation of the contact investigation system along the activities under your jurisdiction.

3. Comments and suggestions with respect to these analyses and their utilization will be appreciated.—*Ross T McIntire.*

JOINT LETTER: BUMED—BUPERS

45-160—Pension Claims and Medical Records of Enlisted Men Transferred From Naval Hospitals to Marine Barracks for Further Transfer to Marine Separation Companies for Discharge

DSA-792-jml; 1500-120; 27 June 1945

To: NavHosp, NavSpHosp, and MarCorpsActivities (11th, 12th and 13th NDs).

Ref.: (a) JtCirLtr, CMC, Ch of NavPers, and Ch of BuM&S, file #P3-5/P19-1 (034-42), 30 Oct. 1944.

(b) BuMed, MarCorps Jt. Ltr., 1500-120: DGK-112-dmaj, 21 Feb. 1945.

1. A marine separation company has been organized and stationed at the Marine Corps Base, San Diego, Calif., to accomplish the processing connected with the discharge of Marine Corps personnel. Another marine separation company will be located at San Francisco in the near future.

2. Following receipt of this letter, the commanding officer of the marine separation company at San Diego and the commanding officer of the marine

separation company at San Francisco when that unit becomes operative, will, in addition to other discharge procedures, be responsible for the preparation and submission of pension claims and related records to the Veterans' Administration Area office for marines discharged from the service through their respective companies, upon recommendation of boards of medical survey. (See instructions in ref. (a).) That part of paragraph 4 of reference (b), relating to the preparation and submission of pension claims, does not apply to marines being discharged through marine separation companies.

3. Medical officers in command of hospitals transferring marines to marine barracks for further transfer to marine separation companies for discharge, shall forward a legible copy of the report of medical survey with the man's health record. The commandant of the Marine Corps will furnish the Chief of Bureau of Medicine and Surgery with copies of directives channeling prospective discharges to marine separation companies.

4. Similar instructions will be issued to naval hospital and Marine Corps activities in other naval districts as additional marine separation units are established and the need therefor arises.—*Ross T McIntire—A. A. Vandegrift.*

45-161—Contract for Care of the Dead, Fiscal Year 1946

P6-3/L8-2(063); 28 June 1945

To : NavStas (As Listed)

1. When contract for care of the dead for the fiscal year 1946 has been awarded, it is requested that this Bureau be informed as to the name and address of the contractor.—*Ross T McIntire.*

DISTRIBUTION

Commandant, Twelfth Naval District, San Francisco, Calif.

Commanding Officers, all naval hospitals, continental limits (except Camp Lejeune, N. C.)

Commanding Officers, naval special hospitals, continental limits (except Harriman, N. Y.)

Commanding Officer, Naval Receiving Hospital, San Francisco, Calif.

Commanding Officer, Submarine Base, New London, Conn.

Commanding Officers, Naval Air Stations: Atlanta, Ga.; Banana River (Cocoa), Fla.; Bunker Hill, Ind.; Clinton, Okla.; Dallas 2, Tex.; Daytona Beach, Fla.; DeLand, Fla.; Edenton, N. C.; Glenview (Chicago), Ill.; Grosse Ile, Mich.; Hutchinson, Kans.; Klamath Falls, Oreg.; Lake City, Fla.; (Lambert Field) St. Louis, Mo.; Miami, Fla.; Olathe, Kans.; Ottumwa, Iowa; Paseo, Wash.; Patuxent River, Md.; Quonset Point, R. I.; St. Simons Island, Ga.; Sanford, Fla.; Tillamook, Oreg.; Traverse City, Mich.; Vero Beach, Fla.; (Wold Chamberlain Field) Minneapolis 6, Minn.

Commanding Officers, Marine Corps Air Stations: Cherry Point, N. C., and Eagle Mountain Lake, Tex.

Commanding Officer, Marine Corps Air Facility (Station Dispensary), Newport, Ark.

Commanding Officer, Naval Auxiliary Air Station, North Bend, Oreg.

Commanding Officer, Naval Air Facility, Columbus, Ohio.
Commanding Officer, Naval Preflight School, University of Iowa, Iowa City, Iowa.
Commanding Officer, Naval Training Center, Gulfport, Miss.
Commanding Officers, Naval Amphibious Training Bases: Fort Pierce, Fla., and Morro Bay, Calif.
Commanding Officer, Naval Training and Distribution Center, Camp Peary, Williamsburg, Va.
Commanding Officers, Naval Construction Training Centers: Davisville, R. I., and Quoddy Village, Maine.
Commanding Officer, Naval Ordnance Plant, Pocatello, Idaho.
Officers in Charge, Naval Receiving Stations: Houston 1, Texas, and Tampa, Fla.
Commanding Officer, Naval Station, Portland 3, Maine.
Commanding Officers, Naval Training Schools: Dearborn, Mich.; Del Monte, Calif.; and Navy Pier, Chicago, Ill.
Officer in Charge, Field Branch, Bureau of Supplies and Accounts, Cleveland, Ohio.

45-163—Statement of Receipts and Expenditures of Medical Department Property, NavMed-E; Instructions Regarding

A3-3/EN10(E); 30 June 1945

To: All ships and stations.

1. This form, accompanied by report of allotment expenditures—(NAVMED-B) and receipted copies of each transfer voucher issued—(TVI), accomplished during the quarter shall be prepared and submitted to the Bureau not later than the tenth day of the month following the end of the quarter, and upon decommissioning, by every continental shore activity exclusive of Alaska and the Fifteenth Naval District, except hospitals, charged with accountability for Medical Department property.

2. The value of all receipts and expenditures of Medical Department equipment and supplies shall be included. The value of equipment and supplies, the cost of which is chargeable to the appropriations of other bureaus, furnished for the use of the Medical Department shall not be included except that the value of appropriation purchase account (APA) material items which would otherwise have been a charge to Medical Department allotments, but which are issued at no appropriational charge, shall be included at the invoice value, but will not be reported as a charge against the activity's allotments (art. 1865 (3), N. R.).

3. The following instructions shall be observed in the preparation of NAVMED-E. Line numbers refer to numbered lines on the face of NAVMED-E. Insert name of activity and date covered by report.

(a) *Equipment (nonexpendable).*—

Line 1.—Enter sum reported on line 16 of last report. Newly commissioned activities will indicate NONE.

Line 2.—Enter value of all equipment received on SD., requisitions during quarter (column 2, R. and E. Journal). Must agree with sum reported, including mortuary equipment, on Form B, and with analysis (1) on reverse of NAVMED-E.

RESTRICTED

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JULY 1939—JULY 1945

Line 3.—Enter value of all equipment received on stub requisitions, including material procured under NSA requisitions, or other invoice from the supply officer or marine quartermaster (column 3, R. and E. Journal). Must agree with analysis (2) on reverse of NAVMED-E.

Line 4.—Enter value of all equipment paid for on public vouchers drawn against M. & S. requisitions (column 4, R. and E. Journal). Do not include equipment purchased under NSA requisitions. Must agree with analysis (3) on reverse side of NAVMED-E.

Line 5.—Enter total line 3 plus line 4. Must agree with total of equipment subhead charges reported on NAVMED-B.

Line 6.—Enter value of equipment received from supplies and from other Medical Department activities by transfer vouchers received TVR during quarter (column 5, R. and E. Journal). Must agree with analysis (4) on reverse of NAVMED-E.

Line 7.—Enter value of APA equipment received from supply officer at no appropriational charge (column 6, R. and E. Journal). Must agree with analysis (5) on reverse. Include only equipment otherwise properly chargeable to the Medical Department, and do not include equipment furnished by other departments or bureaus on custody receipt. Consultation with the supply officer is often advisable to determine proper accounting procedure.

Line 8.—Enter total of lines 6 and 7.

Line 9.—Enter total of lines 2, 5, and 8.

Line 10.—Enter total of lines 1 and 9.

Line 11.—Enter value of equipment expended by approved survey, total value of equipment surveyed, less appraised value transferred to supply officer for sale, or to medical supply depot, and value of any item found fit for use (column 9, R. and E. Journal). Must agree with analysis (6) on reverse of NAVMED-E.

Line 12.—Enter value of equipment transferred (TVI) to supply officer for sale, as per approved survey or by other competent authority (column 10, R. and E. Journal). Must agree with analysis (7) on reverse of NAVMED-E. A signed, receipted copy of each TVI will be forwarded with NAVMED-E.

Line 13.—Enter value of equipment transferred (TVI) to supplies and to other Medical Department activities, including appraised value of surveyed equipment to medical supply depots (column 11, R. and E. Journal). Must agree with analysis (7) on reverse of NAVMED-E. Transfer of equipment must be authorized by survey or other competent authority. (See Navy Regulations.) A signed, receipted copy of each TVI will be forwarded with NAVMED-E.

Line 14.—Enter total of lines 12 and 13.

Line 15.—Enter total of lines 11 and 14.

Line 16.—Enter balance, line 10 minus line 15. This amount must equal the total value of equipment carried in the equipment ledger, as at the last day of the quarter.

(b) *Supplies (expendable).*—

Line 17.—Enter sum reported on line 45 of last report. Newly commissioned activities will indicate NONE.

Line 18.—Enter value of all supplies, including mortuary supplies, received on S. D. requisitions during quarter (column 2, R. and E. Journal).

Must agree with sum reported (including mortuary supplies), on NAVMED-B, and with analysis (1) on reverse of NAVMED-E.

Line 19.—Enter value of all supplies received on stub requisitions, including material procured under Naval Supply Account (NSA) requisitions, as evidenced by summary of NSA stub requisition S. & A. Form 178, expenditures invoices S. & A. Form 71 (when an appropriational charge), transportation requests or other invoice from the supply officer or marine quartermaster. Include cost of work performed under job orders, except such portion as represents the value of APA material used in connection with job order (column 3, R. and E. Journal). Must agree with analysis (2) on reverse of NAVMED-E.

Line 20.—Enter value of all supplies paid for on public vouchers drawn against M. & S. requisitions (column 4, R. and E. Journal). Do not include supplies purchased under NSA requisitions. Must agree with analysis (8) on reverse of NAVMED-E.

Line 21.—Enter total amount of salaries and wages, including retirement fund deductions, of civil employees which has been earned (accrued) during the period, even though not actually received by employees (column 5, R. and E. Journal). Must agree with second column of analysis (8) on reverse of NAVMED-E. Will not necessarily agree with expenditure reported on NAVMED-B, particularly where pay rolls are prepared weekly.

Line 22.—Enter total of lines 19, 20, and 21. This sum will not necessarily agree with expenditures reported on NAVMED-B, due to inclusion of salaries and wages on an accrued rather than an expenditure basis.

Line 23.—Enter value of supplies or services received from equipment or from other Medical Department activities by transfer vouchers received (TVR) during quarter (column 6, R. and E. Journal). Must agree with analysis (4) on reverse of NAVMED-E.

Line 24.—Enter value of APA material received from supply officer, including APA material value charged to job orders, at no appropriational charge (column 7, R. and E. Journal). Must agree with analysis (5) on reverse. Include only supplies otherwise properly chargeable to the Medical Department, and do not include supplies furnished by other departments or bureaus. Consultation with the supply officer is often advisable to determine proper accounting procedure.

Line 25.—Enter total of lines 23 and 24.

Line 26.—Enter total of lines 18, 22, and 25.

Line 27.—Enter total of lines 17 and 26.

(c) *Expenditures during quarter.*—

Line 28.—Enter total value of all supply table and supplementary supply table supplies, except dental (ST classes 23, 25, 25A, and 27) and mortuary (ST class 20) supplies issued from the storeroom during the quarter (column 10, R. and E. Journal). From priced NAVMED-R covering this class of supplies.

Line 29.—Enter total value of supply table dental supplies (classes 23, 25, 25A, and 27) issued from storeroom during quarter (column 11, R. and E. Journal). From priced NAVMED-R covering this class of supplies.

Line 30.—Enter value of items of special diet expended during the quarter, exclusive of supply table items, which should be included on line 28 (column 12, R. and E. Journal).

Line 31.—Enter value of laundry supplies or services expended during the quarter. Include cost of laundry supplies issued to ship or station

laundry, laundry services performed by civilian concerns, and invoiced value of services performed by hospitals for stations (column 13, R. and E. Journal).

Line 32.—Enter value of all motor vehicle supplies and services, including repairs, gasoline, oil, tires and tubes, automobile cleaning supplies, etc., expended during the quarter. Only supplies and services required for maintenance and operation of Medical Department motor vehicles and properly chargeable to Medical Department allotments, will be included, except certain motor vehicles furnished by other bureaus, and then only when authorized by the Bureau (column 14, R. and E. Journal).

Line 33.—Enter value of all nonsupply table dental supplies and services expended during the quarter. Include repair of dental equipment, artificial teeth, and other dental supplies and services consumed by the dental office, except supply table items (column 15, R. and E. Journal).

Line 34.—Enter value of Medical Department supplies and services, other than those classified on lines 28 to 42, inclusive, expended during the quarter (column 16, R. and E. Journal). Do not include value of supplies and services not chargeable to Medical Department allotments, such as cleaning gear, electric lamps, etc., furnished by other ship or station activities.

Line 35.—Enter value of salaries, including retirement fund deductions of group IV-b civil employees on the Medical Department pay roll, which have been earned (accrued) during the quarter, even though not actually paid to employees (column 17, R. and E. Journal).

Line 36.—Enter value of wages, including retirement fund deductions of all civil employees other than group IV-b, on Medical Department pay roll, which have been earned (accrued) during the quarter, even though not actually paid to employees (column 18, R. and E. Journal).

Line 37.—Enter total of lines 35 and 36.

Line 38.—Enter value of supply table mortuary supplies (class 20), and all other supplies and services properly chargeable to the appropriation care of the dead, expended during the quarter. Must equal amount reported as expended by NAVMED B, plus value of issue (NAVMED-R), of supply table class 20 items (column 19, R. and E. Journal).

Line 39.—Enter total of lines 30, 31, 32, 33, 34, 37, and 38.

Line 40.—Enter total value of supplies expended by approved survey (column 20, R. and E. Journal). Must agree with analysis (6) on reverse of NAVMED-E.

Line 41.—Enter total invoice value of supplies transferred to the supply officer. Such transfers must be approved by the Bureau or other competent authority (column 21, R. and E. Journal). A signed, receipted copy of each TVI will be forwarded with NAVMED-E.

Line 42.—Enter total invoice value of medical supplies or services transferred to other Medical Department activities. Such transfers must be approved by the Bureau or other competent authority (column 22, R. and E. Journal). A signed, receipted copy of each TVI will be forwarded with NAVMED-E.

Line 43.—Enter total of lines 41 and 42.

Line 44.—Enter total of lines 28, 29, 39, 40, and 43.

Line 45.—Enter balance, line 27 minus line 44. This amount must exactly equal the total value of supplies carried in the supplies ledger as at the last day of the quarter.

(d) *Operating expense.*—

Line 46.—Enter total of lines 15 and 44.

Line 47.—Enter total of lines 14, 38 and 43.

Line 48.—Enter remainder, line 46 minus line 47.

(e) *Complement (including all units).*—

Line 49.—Enter average number of active duty service personnel, officers, and enlisted men, Navy and Marine Corps, at all units served by the Medical Department of the reporting activity. This information should be obtained from the personnel officer, and is determined by dividing the total muster days by the number of days in the quarter.

Line 50.—Enter daily average number of civil employees of the Navy. Do not include any other civilians. Other civilians should be noted under remarks on reverse of NAVMED-E.

Line 51.—Enter total of lines 49 and 50.

(f) *Medical services rendered civilians.*—

Line 52.—Enter under respective headings, the number of individual civil employees of the United States (Navy or other department) for whom medical services were rendered, numbering each separate injury or condition as one. Thus, medical services may be rendered one individual for two different injuries, in which case two would be included under the heading number of individuals. Include only injuries or occupational diseases incurred in connection with work, and for which employee is entitled to treatment under the provision of the United States Employees Compensation Act. Include under the heading number of treatments the total number of treatments for all injuries or occupational diseases as defined above.

Line 53.—Enter under respective headings, as for civil employees (except that restriction as to type of injury, etc., does not apply) required data as to dependents of naval personnel.

Line 54.—Enter under respective headings, as for civil employees (except that restrictions as to type of injury, etc., does not apply) required data as to all medical services rendered civilians, other than dependents and civil employees, as a humanitarian act. Include such services rendered employees for conditions not included on line 52.

Line 55.—Enter total of lines 52, 53, and 54.

4. Reverse of NAVMED-E.—

(a) *Analysis of supply depot requisitions received during quarter.*—Tabulate data indicated on NAVMED-E, dividing each requisition as to equipment and supplies. Include any mortuary equipment or supplies under appropriate heading. Enter totals as indicated, which must agree with amount reported on lines 2 and 18, face of NAVMED-E, and reverse of NAVMED-B.

(b) *Analysis of stub requisitions and expenditures invoices (priced) received during quarter.*—Tabulate by each month of the quarter, value of NSA material received from supply officer on stub requisitions or other invoice, indicating respective values of equipment, supplies, and total for each month. Enter totals of respective columns, as indicated, which must agree with amount reported on lines 3, and 19, face of NAVMED-E and be included in expenditures reported on NAVMED-B which should further agree by months with amounts reported by supply officer on S. & A. Forms 126 and 230.

(c) *Summary of public vouchers drawn against M. & S. requisitions.*—Tabulate value of equipment and supplies and total purchased under each annual requisition separately. Include similar data for all other M. & S. purchase requisitions on the line other than annual requisition. Enter

totals, which must agree with amounts reported on lines 4 and 20, face of NAVMED-E, and be included in expenditures reported on NAVMED-B. Public vouchers prepared and forwarded to a disbursing officer (or the Bureau of Supplies and Accounts, when required) for payment, will be considered as paid for the purpose of this report. Only public vouchers dated within the quarter will be reported. List the following information in separate sheet if space is not sufficient for each requisition:

Reg. No.	PV No.	Equipment	Supplies	Total
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(d) *Analysis of transfer vouchers received from other Medical Department activities during quarter.*—Transfer vouchers received shall be assigned numbers by receiving activities, serially by fiscal years, in the order received, and should indicate the fiscal year thus: "TVR-1-39," "TVR-2-39," "TVR-3-39," etc.

List all transfer vouchers received during the quarter, including required data as indicated. Enter totals, which must agree with amounts reported on lines 6 and 23, face of NAVMED-E, but is not included as a charge to any allotment.

(e) *Analysis of APA material received from supply officer during quarter.*—Tabulate by each month of the quarter, value of APA material received from supply officer on stub requisition or other invoice, indicating respective values of equipment, supplies, and total for each month. Enter total of respective columns, as indicated, which must agree with amounts reported on lines 7 and 24, face of NAVMED-E, but are not included as a charge to any allotment. Each activity reporting the receipt of APA materials in this analysis, and on line 7 or 24, for which no allotment charge should be made, shall list each item received and its money value under the heading remarks or on an additional sheet securely attached to NAVMED-E.

(f) *Analysis of approved surveys during quarter.*—List each approved survey, indicating required data. Do not include value of items canceled from survey or recommended to be retained as fit for use. Value expended by survey plus value to S. O. for sale plus value (appraised) to medical supply depot equals total value of survey. Indicate surveys containing items of supplies by an asterisk. Enter column totals as indicated.

(g) *Analysis of transfer vouchers issued during quarter.*—Transfer vouchers issued should be assigned numbers by issuing activity, serially by fiscal years, in the order of issue, and should indicate the fiscal year. Thus: "TVI-1-39," "TVI-2-39," "TVI-3-39," etc. List each TVI indicating required data. Enter column totals, which must agree with amount reported on line 12, 13, 41, and 42 on face of NAVMED-E. Transfer vouchers issued are not a credit to any allotment. Transfer of supplies must be authorized by the Bureau or other competent authority. TVI's shall not be charged off until a receipted invoice is received (art. 1390, N. R.).

(h) *Analysis of pay rolls.*—Tabulate data required by months. Enter totals of second and third columns only. Total of the column headed accrued current month must equal amount earned and reported on lines 21 and 37, respectively, face of NAVMED-E. The total of the column headed paid during month must equal the sum reported on NAVMED-B covering salaries and wages. The sum indicated as accrued and unpaid from previous month, opposite the first month of the quarter will be the amount of unliquidated obligations reported on NAVMED-B except for

first quarter each fiscal year, and the sum indicated as accrued and unpaid at end of month opposite the last month of the quarter must equal the amount reported on NAVMED-B as an outstanding obligation.

5. General Instructions.—Care and accuracy are necessary in the preparation of NAVMED-E, and other financial reports and records. After preparation, the report should be carefully checked before submission. The foregoing instructions include several methods of comparing the several items to guard against errors, but none of the methods stated will reveal items completely omitted from all reports. This may be avoided by other internal checks, including consultation with supply, disbursing, and accounting officers, when indicated, as to charges and credits made and reported by them.

The submission of a supplementary NAVMED-E is never required. Liquidations of outstanding obligations (on board ships and at stations) are considered to be current receipts and are properly taken up in the journal of receipts and expenditures as at the date of liquidation and are reported on NAVMED-E for the quarter in which the obligations were actually liquidated.

45-164—Service, Dental

P5-2/NC43; 30 June 1945

To: All ships and stations.

1. The Naval Dental School is one of the administrative units included in the National Naval Medical Center and is commanded by an officer of the Dental Corps who is charged with all duties relating to its administration and is responsible for its efficiency.

2. The Naval Dental School will offer to commissioned and enlisted personnel of the naval establishment and other personnel as may be authorized such courses of instruction as may from time to time be determined by the Bureau to accord with current needs of the service. The school will also furnish authorized dental treatment.

3. The courses of instruction for dental officers will extend over such periods of time as may be determined by the Bureau, and will consist of courses of indoctrination and courses of postgraduate instruction. In all subjects taught, special attention shall be given to those features pertaining to the military as well as to the professional duties of naval dental officers.

4. Course of instruction for dental technicians (general).—(a) To provide for the training of additional hospital corpsmen as dental technicians (general), classes to receive approximately 4 months' instruction will be organized at the Naval Dental School. The following conditions will be brought to the attention of prospective candidates:

(b) Any hospital corpsman, regardless of rating, is eligible. His request for instruction should have the endorsement of a dental officer as to his aptitude or qualifications for this training, and his request should be forwarded officially to the Bureau of Medicine and Surgery for approval.

(c) Prospective candidates should have 30 months' obligated service or agree to extend their enlistments.

(5) Course of instruction for dental technicians (prosthetic).—Dental technicians (general) who desire to qualify as dental technicians (pro-

thetic) should make application to the Bureau. The application should have the endorsement of a dental officer as to the dental technicians' mechanical inclination and aptitude for this extended training, and if approved by the Bureau he will be recommended for transfer to a naval dental prosthetic laboratory for instruction in this specialty, and upon successfully completing this training he will be issued a certificate, and be designated dental technician (prosthetic).

6. Hospital corpsmen who were formerly designated dental technicians and who are desirous of resuming this specialty may make application to the Bureau to be redesignated dental technicians.—*Ross T McIntire.*

45-165—Register No. 3, (NavMed 569) Instructions Regarding

A3-3EN10, (Reissued) 30 June 1945

To : All ships and stations

1. Register No. 3 shall be prepared quarterly and when decommissioned, and forwarded to the Bureau, accompanied by the quarterly ration return, report of allotment expenditures and other financial data, not later than the fifteenth day after the close of the quarter or date of decommissioning. Financial reports shall be forwarded by ordinary mail. This statement is prepared as of the last day of each quarter. Insert designation and location of hospital and date of the last day of the quarter or period covered by the statement.

2. Instructions for preparation of obverse of form.—

(a) *Statement of general ledger accounts.*—Insert in the columns headed Beginning of quarter, opposite the respective accounts, in summary, all debits and credits recorded in the general ledger during the fiscal year, prior to the beginning of the quarter covered by the statement. For the first quarter of each fiscal year, insert only the net balance appearing in the real accounts at the close of the preceding fiscal year. Total columns at bottom of statement.

Insert in columns headed Transactions during quarter opposite the respective accounts, in summary, all the debits and credits recorded in the general ledger during the quarter covered by the statement. Total columns at bottom of statement.

Insert in the columns headed end of quarter opposite the respective accounts, in summary, all the debits and credits recorded in the general ledger during the current fiscal year, which sums shall equal the total of the columns beginning of quarter plus transactions during quarter. Total columns at bottom of statement. The balances opposite each account shall agree with debits and credits in each of the respective general ledger accounts.

(b) Under (2) *Analysis of transfer vouchers issued*, insert the debit and credit effect of each transfer voucher issued. Similar transactions covered by two or more transfer vouchers issued may be grouped.

(c) Under (3) *Analysis of transfer vouchers received*, insert the debit and credit effect of each transfer voucher received. Similar transactions covered by two or more transfer vouchers received may be grouped.

(d) Under (8) *Patient data*, insert the latest authorized bed capacity for the hospital. The bed capacity for each hospital as set by the Bureau may not be changed without Bureau authority. Insert number of patients begin-

ning of quarter, which number shall be the same as the last quarter's report under *Remaining*, end of quarter; add the number of patients actually admitted during the period and subtract the number of patients actually discharged; the resultant figure should be the number of patients remaining in the hospital at the end of the period.

Insert the daily average of patients for the period, which figure is obtained by dividing the number of sick days for the period by the number of days in the period.

Insert the percentage of bed capacity which figure is obtained by dividing the daily average of patients by the authorized bed capacity. The percentage figure shall be computed to two decimal places.

(e) Under (9) *Subsistence data*, insert total number of subsistence days, total value of provisions expended and average daily cost of ration, as calculated on NavMed HF-36.

3. Instructions for preparation of reverse of form.—

(a) Under (4) *Statement of expenses analysis register accounts*, insert the total expenditures opposite each account and for each class of material or services expended during the period. Each account is analyzed and the expenditures to be recorded under each account are set forth in paragraph 3103 of the Manual of the Medical Department 1938 edition.

Indicate total expenditures opposite each account.

Insert the per diem rate opposite each account, calculated by dividing the expenditures applicable to each account by the number of sick days in the period covered by the statement.

Insert the percentage of total expenditures applicable to each account which percentage is obtained by dividing the total expenditures opposite each account by total expenditures for all accounts.

(b) Under (5) *Analysis of property surveys*, insert the debit and credit effect of each survey which has been approved by the Bureau during the period.

(c) Under (6) *Analysis of job order charges*, insert the debit and credit effect of the charges incurred on account of job orders as stated on the S. & A. Form 280, for each month, covered by the period.

(d) Under (7) *Analysis of adjustment vouchers*, insert the debit and credit effect of each voucher prepared to adjust accounts (pars. 3107, 3108, and 3109, this manual).—*Ross T McIntire*.

45-166—Possession or Sale of Alcoholic Beverages in Naval Hospitals and on Hospital Reservations

NH/JF, (Reissued) 30 Jun 1945

To: All ships and stations

1. The Bureau directs that, except as authorized by paragraph 1 of General Order No. 59, the introduction, possession, or use of alcoholic liquors for beverage purposes or for sale, including beers having an alcoholic content of 3.2 percent, or less, shall be prohibited in naval hospitals or on hospital reservations.

2. This order shall be effective immediately.

3. As noted in paragraph 1 hereof, and in accordance with General Order

No. 59, this order will not apply to officers' quarters, officers' messes, and officers' clubs.

4. In the opinion of the Bureau the authorization of the use, possession, or sale of alcoholic liquors for drinking purposes in naval hospitals or on hospital reservations neither is professionally ethical nor good administrative practice. The one possibility that alcohol thus may be more readily obtained by convalescents or others for whom alcohol is contraindicated, is sufficient basis for its exclusion.—*Ross T McIntire.*

45-167—American Colleges of Physicians and of Surgeons; American Boards Certifying in Medical Specialties

PM; 30 June 1945

To: All ships and stations.

1. Officers of the regular Medical Corps who desire to become candidates for fellowship in the American College of Physicians or the American College of Surgeons or for admission to examination for certification by any one of the American boards examining in the medical specialties, may obtain application blanks and, in the case of the American boards, booklets of information by requesting these from the Secretary of the College or the American board concerned.

2. The Bureau desires that applications be submitted via the Chief of the Bureau of Medicine and Surgery, Navy Department, Washington 25, D. C., not later than 6 months prior to the scheduled closing dates for reception of applications by the American colleges and the American boards.—*Ross T McIntire.*

45-168—Supplies and Equipment for Landing Forces and Field Organizations

PM; ma; 30 June 1945

To: All ships and stations.

1. The quantity and type of supplies and equipment provided by the Bureau of Medicine and Surgery for the use of Medical Department personnel serving with landing forces and organizations in the field are shown in the following publication:

(a) Supply Catalog Medical Department, United States Navy, 1940 (corrected and reprinted, 1943). Part II, Field Medical Supply Units.

2. Materials which are provided by the United States Marine Corps to the Medical Department personnel and organizations attached to the Fleet Marine Force are shown in the following publications:

(a) Marine Corps Manual, articles 15-19 (6, 7).

(b) United States Marine Corps Table of Allowances, NAVMC, 1017-DPP, volumes I, II, and III, 1944.

(c) United States Marine Corps Organization Tonnage Tables, NAVMC, 1021-DPP, 1944.—*Ross T McIntire.*

45-169—Individual Equipment and Clothing for Field Service

JJ57/A16-1; PM; 30 June 1945.

To: All ships and stations.

Ref.: (a) Marine Corps Table of Allowances.

(b) Marine Corps Manual, articles 15-17 (6, 7).

1. *Individual equipment.*—The following items of individual equipment will be issued by the Marine Corps Quartermaster to medical department personnel who are serving with Marine Corps organizations in the field or in training for such service.

	Medical officer	Chief petty officer	Hospital corpsman
Bag, officer's, field M1-1941.	1	1	
Bag, clothing.			1
Belt, pistol, web.	1	1	1
Suspenders for.	1	1	
Canteen.	1	2	2
Cover for.	1	2	2
Cup for.	1	2	2
Case dispatch and map.	1	1	
Book field message.	1	1	
Book, memo.	1	1	
Pencils, colored.	3	3	
Cover, helmet, varicolored, reversible.	1	1	1
Cover, protective, individual.	1	1	1
Cover, pad, green.			1
Glasses, field.	1		
Haversack, officers type.	1	1	
Helmet, steel, M1, complete, with liner and bands.	1	1	1
Knife, pocket, utility.	1	1	1
Knife, hospital corps.		1	
Scabbard for.		1	1
Mask, gas.	1	1	1
Opener, can, pocket type (outside continental United States).	1	1	1
Pack, MC-1941, complete (consisting of haversack and knapsack).			
Can meat with cover.	1	1	1
Fork.	1	1	1
Knife.	1	1	1
Spoon.	1	1	1
Pad, cotton.			1
Packet, first aid.	1	1	1
Pouch for.	1	1	1
Poncho.	1	1	1
Protector, Pad cotton, with 2 ropes.			1
Roll, bedding, with pad.	1	1	
Roll, clothing.	1	1	
Shovel, intrenching, with cover.	1	1	1
Tag, identification.	2	2	2
Tape for, yards.	1	1	1
Tent, shelter, each half.	2	1	1
Line guy for.	2	1	1
Pin, tent for.	10	5	5
Pole, for.	2	1	1
Trunk, locker.	1	1	
Whistle, officers'.	1		
Basin, wash, collapsible.	1	1	1
Bucket, collapsible.	1	1	1
Cot, field.	1	1	1
Frame, mosquito bar, cot size.	1	1	1
Net, mosquito, cot.	1	1	1
Net, mosquito, head.	1	1	1

Badges, rating or mark, Hospital Corps (as required)

1 belt, trousers, woven.	2 ornaments, collar bronze, pair.
1 belt, service with buckle.	1 overcoat (when required by climatic conditions).
1 cap, garrison, service summer.	1 scarf, service cotton.
1 cap, service winter.	2 shirts, cotton or flannel.
1 coat, service winter.	1 shoes, leather, pair.
2 coats, utility.	1 shoes, field, pair.
1 cover, cap, kahki.	2 trousers, service summer.
1 frame, cap.	1 trousers, service winter.
1 hat, field, with strap.	3 trousers, utility.
1 jacket, field.	
1 ornament, hat bronze.	

45-170—Vasectomy*P4-1/P13; 30 June 1945*

To: All ships and stations

1. Requests have been received regarding the Bureau's attitude on the performance of the operation of double vasectomy within the naval service for the purpose of sterilization. The performance of the operation referred to double vasectomy for the sole purpose of sterilization is extremely controversial from many angles and the Bureau does *not* authorize this operation to be performed at a naval facility or by a medical officer of the United States Navy.—*Ross T McIntire.*

45-171—Blood Groups: Designation of*P3-1/A16-1; 30 Jun 1945*

To: All ships and stations

1. In the future, the International Classification, using letters to replace the Jansky numerical classification, will be the official method of reporting blood groups, in the Medical Department of the United States Navy.

2. Distributed among the red blood cells of three of the four recognized groups are two agglutinogens termed, respectively, A and B, A being present in group A, B in group B, both in group AB, and neither in group O. (O really means "zero.") Thus the designations adopted, by using the letters O, A, B, AB, indicate directly the agglutinogen content of the red blood cells.

INTERNATIONAL CLASSIFICATION

Cells of groups	Serum of groups			
	O (I)*	A (II)	B (III)	AB (IV)
O (I)*	—	—	—	—
A (II)	+	—	+	—
B (III)	+	+	—	—
AB (IV)	+	+	+	—

*Numerals indicate Jansky classification.

—Indicates no agglutination.

+Indicates agglutination.

Group O.—Red blood cells contain no agglutinogens and are therefore not agglutinated by sera of any group. Members of this group are known as "universal donors."

Group A.—Red blood cells contain agglutinogen A and are not agglutinated by sera of groups A or AB. In other words no agglutination with sera of groups showing the letter A. (Attention is invited to a paper, The International Classification Groups, United States Naval Medical Bulletin, 1928, XXVI: 603.)

Group B.—Red blood cells contain agglutinogen B and are not agglutinated by sera of groups of B or AB. In other words, no agglutination with sera of groups showing the letter B.

Group AB.—Red blood cells contain agglutinogens A and B in combination and are not agglutinated by the serum of group AB. In other words, no agglutination with the one group showing letters AB in combination.

IMPORTANT.—In order to avoid the danger existing when either donor or recipient belongs in an atypical group, in addition to grouping donor and recipient, direct matching should always be carried out prior to transfusion.

3. Rh typing.—Rh antigen is present in the red blood cells of approximately 85 percent of humanity. The 15 percent of individuals who are Rh negative may be sensitized to this antigen if repeatedly transfused with Rh positive blood. Women who are Rh negative may become sensitized to Rh antigen while bearing and Rh positive fetus (hr positive father). Toxic reactions and/or spontaneous abortion may follow. Therefore, in patients who are being repeatedly transfused, and in women who have accidents of pregnancy, possibly attributable to Rh sensitization, it is of prime importance the Rh typing of donor and recipient be carried out and that an Rh negative individual be transfused only with blood from an Rh negative donor who is of the same International group. Special Rh typing serum is required to satisfactorily distinguish Rh positive and Rh negative individuals. Rh typing serum may be obtained by request directed to the Naval Medical School, National Naval Medical Center, Bethesda, Md.—*Ross T McIntire.*

45-172—Service, Medical Available at National Naval Medical Center

P11-1/EN30; 30 June 1945

To : All ships and stations.

1. Clinical service.—The Naval Medical School and the Naval Hospital, Bethesda, Md., provide the National Naval Medical Center and the general service, on request, the following clinical diagnostic facilities—electrocardiography, basal metabolism determinations, electroencephalography, allergy, endocrinology, and other special problems for clinical investigation. The National Naval Medical Center will upon request, addressed to the commanding officer, render opinion and recommendation on clinical problems. Complete clinical data should be forwarded including name and rank or rate of patient, where attached, tentative diagnosis and other clinical information such as laboratory findings, microscopic slides, and X-rays when indicated. All items should bear clear identification marks to avoid confusion as to origin of item and localization of lesion. In joint conditions of the limbs, X-ray of the corresponding unaffected part should be included. X-ray pictures of fractures should be taken in two directions as nearly perpendicular to each other as possible. In chest cases stereograms should be taken if available apparatus permits, and also a lateral and left oblique. Postal Regulations permit mailing noninflammable film when packed in sufficiently strong containers; each outside container shall be plainly marked "X-ray films—not dangerous."

Laboratory service.—The Naval Medical School provides routine clinical laboratory service to the National Naval Medical Center. In addition the laboratories serve for instruction of Medical Department personnel. Limited use of these facilities is also extended to the service at large. Shipments of material shall comply with safety regulations which should be obtained from the local shipping agency.

(a) **Pathology.**—(1) The gross specimen is particularly desired. However, if this is not practicable, blocks of tissue 2 or 3 centimeters square and

0.5 centimeters thick should be forwarded preserved in 10 times their volume of 10 percent formalin to which a small piece of calcium carbonate has been added. If the tissue is to be examined for viral, protozoan, or rickettsial diseases, it should be fixed in Zenker's fluid for 12 to 24 hours.

Preparation of Zenker's fluid:

Mercuric chloride-----	5.0 grams
Potassium dichromate-----	2.5 grams
Distilled water-----	100 cubic centimeters

Add 5.0 cubic centimeters of glacial acetic acid just before using. Remove the tissue after 12 to 24 hours. Wash in water for 12 hours. Mail in 70 percent alcohol tinged with iodine.

CAUTION.—Do not leave tissue in Zenker's fluid longer than 24 hours.

2. The following form presents the detail and form of clinical data required to accompany tissue specimens:

Request for Pathological Examination

From----- Date-----

To: Naval Medical School, Department of Pathology, Bethesda, Md.

1. It is requested that a histopathological examination be made on the following specimen of tissue forwarded in 10 percent formalin solution. Or indicate special fixative-----

Antemortem----- Postmortem-----

Clinical History

Name ----- Age -----
 Race ----- Sex ----- Occupation -----
 Location of lesion-----
 Duration -----
 Gross appearance-----

Blood findings:
 W. B. C. ----- R. B. C. ----- Hgb percent -----
 Differential -----
 Serological reaction (Kahn) -----
 Remarks -----

X-ray treatment-----
 Clinical diagnosis-----

Signature-----

3. *Tumor registry.*—The gross specimen of blocks of tissue of all tumors removed shall be forwarded to the United States Naval Medical School, Bethesda, Md., for registration, accompanied by pertinent clinical data, necropsy, and any histopathological reports. The objects of this registry are to compile a central file wherein data is available at any time for the

service at large; to operate as a check on clinical diagnosis by histopathological methods, and for instruction purposes.

4. *Loan slide collections.*—A limited number of histopathological slide sets are available on loan to medical officers desiring to review the histopathology of the various organs.

(b) *Parasitology.*—(1) *Blood specimens for malaria, trypanosomiasis and filariasis.*—Both thick and thin blood smears should be submitted with the necessary identification data. Stained and unstained preparations should be provided. Unstained thin smears should be fixed with methyl alcohol. Thick smears should be dried then laked with distilled water and fixed with methyl alcohol.

(2) *Stool specimens for intestinal protozoa.*—The stool should be fixed and preserved in Schaudinn's solution. About 2 grams are well mashed up in 5 to 10 times the amount of fixative. (Schaudinn's solution is made up as follows: Two volumes of a saturated solution of mercuric chloride in water and one volume of 95 percent ethyl alcohol. Immediately before use glacial acetic acid is added to the strength of 5 percent.) The specimen should be shipped immediately. The label on the bottle should note that the specimen is fixed and preserved in Schaudinn's solution.

(3) *Stool specimens for helminth ova.*—Macerate the stool specimen thoroughly in enough 10 percent formalin solution to give a liquid consistency. It should then be placed in a bottle with approximately twice its volume of 10 percent formalin, sealed and properly labeled.

(4) *Worms, adult and larval forms.*—Place directly in hot (80° C.) 70 percent alcohol where they may remain indefinitely. They should be properly labeled as to source of material and preservative used.

(c) *Serology.*—(1) Flocculation and complement fixation tests are available for the diagnosis of the various diseases for which they are valuable. The specimen should consist of at least 5 cubic centimeters (and preferably 10 cubic centimeters) of clear, sterile serum or 10 cubic centimeters of spinal fluid. The specimen should be forwarded in sealed tubes and if convenient containing 1 milligram percent of powdered merthiolate. Pertinent data must be enclosed. Delivery should be expedited.

(2) Kahn presumptive antigen, Kahn standard antigen and colloidal gold solution are prepared at the Naval Medical School and are furnished to all naval activities upon letter request addressed to the Commanding Officer, United States Naval Medical School, Bethesda, Md.

(d) *Bacteriology.*—(1) Pertinent epidemiological and clinical data shall accompany all specimens.

(2) Organisms for identification should be in pure culture or suitable solid media, corked, well padded and shipped in double mailing cases.

(3) Fluids for animal inoculation should be placed in test tubes, stoppered with rubber stoppers or with paraffined corks well secured and shipped in double mailing tubes well padded to prevent breakage.

(4) Sera for determination of antibody content (Widal test, Weil-Felix reaction, etc.), should be obtained steriley and drawn from off the clot. Add merthiolate to a final concentration of 1 part in 10,000. It is advisable to submit several samples obtained at weekly intervals.

(5) Samples of water for bacteriological examination should consist of at least 100 cubic centimeters in sterile containers. Time elapsing between collection and beginning of the analysis should not be more than 6 hours for impure water. If the specimen is to be sent some distance, it should be

packed in ice. Do not pack in dry ice. Chlorinated waters, especially from swimming pools, should be collected in sodium thiosulfate bottles, containing 6 milligrams of sodium thiosulfate in 100 cubic centimeters of the water sample.

(6) Smears for examination should be submitted on clean slides. The films should be flamed but not stained.

(7) Specimens for detection of viruses should be submitted after consideration of the subject in the Naval Medical School Bacteriology Manual.

(8) The following diagnostic bacterial antigens are available for naval activities upon letter request: *E. typhosa* ("O" and "H"), *S. paratyphi*, *S. schottmulleri*, *P. tularensis*, *B. abortus*, *Proteus OX19*, *Proteus OSk*, *L. icterohemorrhagiae* and *L. Canicola*.

(e) *Physiological chemistry*—(1) *Chemical examination of blood*.—(1) Fifteen cubic centimeters of oxalated blood (1.0 milligram lithium oxalate or 2.0 milligram of potassium oxalate per cubic centimeter of whole blood) in a tightly stoppered bottle should be forwarded for the following determinations: Chlorides, nonprotein nitrogen, urea nitrogen, uric acid, creatinine, cholesterol, sulfonamides and alcohol. (2) A Folin-Wu filtrate should be prepared for a glucose determination. (3) Nonhemolysed serum or plasma is suitable for protein determinations. (4) Serum containing no cells is suitable for calcium. (5) Blood specimens for analysis of carbon dioxide, carbon monoxide or oxygen should be prepared as follows: Place three to four drops of 10 percent oxalate solution in a test tube. Rotate the tube to spread the oxalate over the lower half of the tube. Heat over a low flame to dry the oxalate on the tube wall. After cooling place a few cubic centimeters of mineral oil in the tube. Draw 10 cubic centimeters of blood, submerge the tip of the needle underneath the surface of the mineral oil and gently force the blood into the tube; the blood will go to the bottom of the tube. Adjust the amount of mineral oil so that at least one-half inch layer of melted paraffin will cover the oil in the tube. After the paraffin solidifies the specimen is properly labeled and shipped. (6) It is not advisable to send specimens, except by messenger, for inorganic phosphorus, phosphatase, Van den Bergh, icterus index, ascorbic acid, prothrombin, amylase, or lipase determinations. These specimens should be in the laboratory within 2 hours.

(7) No special preparation is required for spinal fluids.

(2) *Aschheim-Zondek test*.—At least 50 cubic centimeters of the first voided morning urine specimen should be forwarded for a qualitative test and at least 200 cubic centimeters for a quantitative test. The specific gravity must be at least 1.015. The container need not be sterile, but should be chemically clean. It is advisable to add a preservative to specimens forwarded by mail. One drop of Tricresol for every 30 cubic centimeters of urine is recommended. The patient should not have had any medication for at least 10 days prior to the test, as some medications will kill the test animals and other medications (various hormones) will give false positive results.

(3) Alcohol standards for use in Bogen's test and artificial albumin standards for the qualitative and quantitative estimation of albumin in urine with sulfosalicylic acid will be furnished upon letter request.

(f) *General chemistry*—(1) *Chemical analysis of water*.—The accompanying letter should state the purpose for which the water is to be used and also the source (spring, well, etc.), locality and any other pertinent information.

mation. The minimum amount required is 2 gallons. Forward in all-glass containers, preferably of pyrex glass.

(2) *Toxicological examination*.—A complete history is important. If an autopsy was performed, the findings shall be included. For containers use wide mouth, glass jars with plastic tops. Metal of any kind must not come in contact with the specimen. The container must be chemically clean. In case of autopsy material forward at least the following: Stomach and contents, about 2 feet of intestines with contents, urine remaining in bladder, 300 grams of liver, 200 grams of liver; 200 grams of kidney. If carbon monoxide, cyanide or other blood poisons are suspected, include a 50 cubic centimeter sample of citrated blood. Certain cases will require material in addition to the above. Reference should always be made to a standard work on toxicology. Weigh each organ separately (measure if liquid) and place in separate jar. Record the weight or volume. For each three parts of tissue or liquid add one part of sodium chloride (the dry salt) carefully weighed. Record on the label the name of the organ or liquid, its weight and the weight of the sodium chloride added. Seal the cap on the container in such a manner that any tampering with it will be easily apparent. Citrated blood is to be unpreserved. A sample of about 200 grams of the same lot number sodium chloride used to preserve the specimen is to be submitted. U. S. P. grade sodium chloride is preferable.

(g) *Hematology*.—(1) Pertinent clinical history and laboratory data should accompany the request. At least six well-prepared films of blood or bone marrow aspiration should be made on clean, grease-free slides, fixed in absolute methyl alcohol, left unstained and forwarded in a suitable container that has provision for the separation of the slides.

(h) *Entomology*.—(1) Mosquitoes, flies, bugs, lice, ticks, mites, spiders and related forms which affect man directly or indirectly may be sent in for identification. Full data as to date of collection, locality, elevation, habitat, and abundance should accompany the specimens. Mosquitoes should consist, if possible of at least 10 males, 10 females and 10 larvae of each species. Larvae should be dropped in hot water (not boiling) for 15 or 20 seconds, transferred to 50 percent alcohol for an hour and then shipped in 70 percent alcohol. To avoid injury in transit by movement of an air bubble place the larvae in a small vial filled with alcohol and plugged with cotton, then place this in a larger vial with alcohol. A small air bubble should be present in the larger vial to allow for expansion. Mosquito adults, when dry, are exceedingly fragile. Pack specimens while fresh in pill boxes between layers of cellucotton (not plain cotton). The packing should be sufficient to prevent shifting, but not so much as to cause crushing. Large flies may be submitted in the same manner as adult mosquitoes. Sand flies, fleas, black flies, spiders, scorpions, lice, bedbugs, maggots, and other soft-bodied forms may be preserved in 70 percent alcohol and shipped in vials.

(i) The laboratories are also prepared to make analyses of samples of air and milk.

(j) *Testing of materials*.—The laboratories are prepared to test certain materials including insulin and hypochlorite preparations.

(k) *Photography*.—The Naval Medical School maintains photographic laboratory facilities and is prepared to furnish the following types of work: Clinical and general photomicrography reproduction and copying including microfilm reproduction of records. It can render assistance in illustrative work.

45-173—Inventory of Material, Form D. (Transfer of Property)

A3-3/EN10(D) ; 30 June 1945

To : All ships and stations

1. When the medical department material of a ship or station is transferred from the charge of one medical officer to that of another, the preparation of an itemized inventory is not required, but the receiving officer shall satisfy himself that the articles on hand correspond with the last itemized inventory on file and any subsequent receipts and expenditures.

2. If there be insufficient time to make a complete transfer before departure of the officer from whom the material is received, he shall report that fact to the commanding officer before his departure from the ship (art. 1392, N. R.). The officer receiving the material shall complete the inventory at the earliest practicable opportunity and report any shortage in equipment or supplies to the commanding officer and request a property survey at once, in order to be relieved of responsibility for such articles.

3. Form D shall be made out in quadruplicate for the transfers noted in (1) and (2) and shall be signed by both medical officers concerned. The medical officer to whom the material is transferred may enter the words "subject to verification" on the forms before signing them, when there has not been sufficient time to make a complete transfer. He shall then proceed as indicated in paragraph (2). One copy of the completed Form D shall be sent to the Bureau, one copy shall be retained by each medical officer concerned, and the fourth copy shall be kept on the files of the ship or station.

4. Officers will not be released from responsibility for the custody of equipment or supplies unless the expenditure shall have been authorized by the Bureau.—*Ross T McIntire.*

PART IV

CHRONOLOGICAL INDEX OF SERVICE DISPATCHES AND REPRINTS OF THOSE STILL IN EFFECT

This chronological index includes dispatches of a general distribution released by BuMed. Those in effect have been reprinted in order of date of dispatch.

Date	Type of dispatch	Subject	Remarks
1-15-40	ALNAV-3.....	Advancement in rating of pharmacists mates.	Canceled—outdated.
6-26-40	ALNAV-46.....	Cancellation of BuCir ltr.	Canceled—served its purpose.
3-14-41	ALNAV-23.....	Tetanus toxoid.....	Canceled—served its purpose.
6-13-41	ALNAV-63	Alum precipitated tetanus toxoid.....	Canceled—by ALNAV-73.
7- 3-41	ALNAV-73.....	Alum precipitated tetanus toxoid.....	Canceled—served its purpose.
2-11-41	ALNAV-148.....	Requisitions for supplies.....	Canceled—see Cir ltr. 4-15-45.
3-21-42	ALNAV-55.....	Serological examinations for syphilis.....	Canceled—See MMD.
4-30-42	ALNAV-92.....	Yellow fever vaccine.....	Canceled—served its purpose.
5-20-42	ALNAV-111.....	Yellow fever vaccine.....	Canceled—served its purpose.
7-10-42	ALNAV-147.....	Vaccination, cowpox.....	Canceled—served its purpose.
7-25-42	ALNAV-158.....	Yellow fever vaccine.....	Canceled—served its purpose.
9- 5-42	ALNAV-186.....	NAVMED Form E.....	Canceled—see MMD.
9- 5-42	ALNAV-187.....	Classification of Form F card.....	Canceled—outdated.
9-17-42	ALNAV-195.....	Certification of quarantinable conditions.....	Canceled—see MMD.
10-26-42	ALNAV-229.....	Report of communicable disease.....	Canceled—outdated.
11-30-42	ALNAV-225.....	Conservation of quinine.....	In effect.
12-28-42	ALNAV-283.....	Chemical prophylaxis for malaria.....	Canceled—served its purpose.
2- 5-43	ALNAV-25.....	Requisitions, NAVMED 4.....	Canceled—see Cir ltr. 4-15-45.
4-30-43	ALNAV-82.....	Reduction in X-ray film.....	In effect.
7- 3-43	ALNAV-136.....	Appropriation care of the dead.....	Canceled—served its purpose.
11- 3-43	ALNAV-179.....	Quarantine regulations.....	Canceled—see MMD.
1-29-44	AlNavSta-02.....	Hospital and in-patient treatment.....	Canceled—see MMD.
2-12-44	ALNAV-35.....	Yellow fever vaccine.....	In effect.
3- 7-44	ALNAV-50.....	Smallpox vaccination.....	Canceled—see MMD.
3-22-44	ALNAV-65.....	Nurse Corps rank.....	In effect.
4-11-44	ALNAV-77.....	Submission of NAVMED B.....	In effect.
6- 5-44	ALNAV-102.....	Submission of NAVMED 4.....	Canceled—see Cir ltr. 4-15-45.
9- 9-44	ALNAV-175.....	Emergency hospital treatment.....	Canceled—see MMD.
10-11-44	ALNAV-194.....	Issue of first aid kits for life rafts.....	Canceled—served its purpose.
11-30-44	ALNAV-214.....	Entry of serial numbers on Facard.....	Canceled—see MMD.
12-28-44	ALNAV-231.....	Plasma and serum albumin.....	In effect.
1- 6-45	ALNAV-5.....	Identification of unknown bodies.....	Canceled—see MMD.
1-19-45	ALNAV-12.....	Nurses, marriage in relation to discharge.....	In effect.
2- 2-45	ALNAV-29.....	Use of nupercaine as an anesthetic.....	Canceled—served its purpose.
2- 8-45	ALNAV-33.....	Dating period for serum albumin.....	In effect.
2-12-45	ALNAV-36.....	Identification of unknown bodies.....	Canceled—see MMD.
3- 1-45	ALNAV-43.....	Giemsa stain.....	In effect.
3- 9-45	ALNAV-45.....	Nurse Corps promotions.....	Canceled—served its purpose.
3-31-45	ALNAV-57.....	Nurse Corps promotions.....	Canceled—served its purpose.
3-31-45	ALNAV-58.....	Reporting of deaths.....	Canceled—see MMD.
3-31-45	ALNAV-59.....	Bills of health.....	Canceled—see MMD.

Date	Type of dispatch	Subject	Remarks
4- 5-45	ALNAV-65-----	Giemsa stain.....	In effect.
4- 5-45	ALNAV-66-----	Transporting of lemurs, monkeys.....	In effect.
4-18-45	ALNAV-73-----	Quarantine.....	Canceled—see MMD.
4-24-45	ALNAV-77-----	Plasma.....	Canceled—served its purpose.
4-26-45	ALNAV-80-----	Nurse Corps promotions.....	Canceled—served its purpose.
6-11-45	AlStaCon.....	Incentive leave.....	In effect.
6-16-45	ALNAV-132-----	Serum albumin.....	Canceled—served its purpose.
6-20-45	ALNAV-141-----	Reporting of deaths.....	Canceled—see MMD.
6-25-45	ALNAV-144-----	Correction to ALNAV 141-45.....	Canceled—served its purpose.
7- 1-45	ALNAV-148-----	Nurse Corps promotions.....	Canceled—served its purpose.
7-11-45	ALNAV-159-----	Cancelation of ALNAV 202-44.....	Canceled—served its purpose.

REPRINTS OF ALNAVS WRITTEN BY BUMED STILL IN EFFECT**ALNAV 255**

11-30-42

Conservation of quinine is an absolute necessity. Where antimalarial prophylaxis is required, atabrine shall be used except in cases in which atabrine is ineffective or not tolerated.

ALNAV 82

4-30-43

Fifty percent reduction BuMed sheet X-ray film requirements necessitates stringent reduction in use immediately. MedSupDeps and storehouses directed carefully check all requests and reduce quantities accordingly.

ALNAV 35

2-12-44

Yellow-fever vaccine is suitable for administration for period of 2 years from date of manufacture provided storage at ordinary icebox temperature is maintained. Vaccine exposed for long periods at warm temperatures should be destroyed.

ALNAV 65

3-22-44

Accordance act 26 February 1944, members Navy Nurse Corps during present war and 6 months thereafter designated by commissioned rank corresponding present relative rank. Now oath of office not required to effect change in status. No change in existing instructions relating authority, manner appointment, service for longevity, or pay status members Navy Nurse Corps.

ALNAV 77

4-11-44

Submission NAVMED Form B (Report of Allotment Expenditures and Obligations) shall be discontinued immediately by:

- (a) All ships, including hospital ships.
- (b) All Marine Corps and Construction Battalion organizations outside continental United States, including those in Alaska and Hawaii.

(c) All shore-based activities outside continental United States where advance-base accounting procedures as prescribed by BuS&A are in effect except NavMedSupDep Pearl Harbor; Yard Dispensary, Navy Yard, Pearl Harbor; Base Hospital Number Eight; and Naval Hospitals Pearl Harbor, Aiea Heights, Balboa, Coco Solo, San Juan, and Trinidad.

This change in reporting procedure does not alter current procurement policies and procedures. Annual sundry purchase requisitions, specific purchase requisitions, and emergency purchase requisitions are sufficient authority to procure as required. Annual sundry and specific requisitions shall be submitted to BuMed for approval accordance existing instructions by those activities having need therefor. Emergency purchase requisitions approved locally in accordance article 1386, Navy Regulations, and paragraph 3032, Manual Med. Dept. 1938 edition, may be drawn as required in absence of other procurement authorization. Copy of each purchase requisition or other procurement authorization drawn and approved locally shall be submitted promptly to BuMed and BuS&A. Neither MedDept nor MedSupDep allotment cards will be issued to activities affected hereby. No further reports required in connection with allotments heretofore granted. Allotments and increases in allotments in amount stated therein automatically authorized without request therefor when purchase requisitions or other procurement authorizations or increases in same are approved. Necessary date for BuMed audit and control purposes will be obtained from BuMed copies of approved purchase authorizations, paid public vouchers, civil pay rolls, and other obligation and expenditure documents heretofore reported on NAVMED-B. In order that procedure prescribed herein may be fully effective it is essential that:

(a) Medical officers maintain "Journal of Receipts and Expenditures of MedDept Property" as required by paragraph 3086, Manual Med. Dept. 1938 edition, and as illustrated in Handbook of Hospital Corps.

(b) BuS&A account number be indicated on all requisitions, public vouchers, and other procurement and accounting documents.

(c) Disbursing officers voucher number be indicated on all copies public vouchers.

(d) Disbursing officers and others paying public vouchers and civil pay rolls chargeable "Medical Department, Navy" promptly forward copy of each public voucher and copy of "Report of Expenditures," NavSandA 280 (from activities employing local labor) to BuMed and medical officer concerned as required by article 2135, BuS&A Manual, and paragraph 5, BuS&A letter re advance-base accounting, file L10-5 (1)/NB (AXA), L10-5 (1)/NT44, dated 22 July 1943.

ALNAV 231

12-28-44

Human plasma and serum albumin appear in the Supply Catalog, Medical Department, United States Navy, as Stock No. S1-1945 Serum Albumin (Human) 25 Gram in 100 Cubic Centimeters Diluent With Sterile Accessories Unit-1. Stock No. S1-3531 Plasma Normal Human Dried (500 Cubic Centimeters Original Plasma : Complete Injection Assembly With Diluent) Unit-1. These materials will be issued to ships Fleet Marine Force and to activities outside of continental limits of United States. In general the quantities requested shall be estimated as follows:

RESTRICTED

JULY 1939-JULY 1945

Activities	Plasma (500 cc.)	Albumin (100 cc.)
APA	10 (per 100 men)	15 (per 100 men).
BB	do	Do.
CA	do	Do.
CB	do	Do.
CL	do	Do.
CVE	do	Do.
CVL	do	Do.
CVB	do	Do.
APH	300 (initial allowance)	498 (initial allowance).
AH	500 (initial allowance)	798 (initial allowance).
All others outside United States not mentioned above.	5 (per 100 men)	9 (per 100 men).
Fleet Marine Force	15 (per 100 men)	21 (per 100 men).
Extracontinental hospitals	1 (per bed)	1 (per bed).
Advance base components	do	Do.

All ships and stations should requisition the nearest storehouse or depot for sufficient amounts of these items to bring their current stock to the above required level.

ALNAV 12

1-19-45

Effective 10 January 1945 resignations of members of Navy Nurse Corps or Naval Reserve Nurse Corps will not be accepted and discharge accomplished solely because of marriage.

ALNAV 38

2-8-45

The National Institute of Health allows a 5-year dating period for normal human serum albumin S1-1945. All serum albumin now in stock which has expiration ending any time in the years 1945, 1946, or 1947 should be extended 2 years.

The dating period may eventually extend beyond five years, therefore human serum albumin should not be discarded without first obtaining instruction from Bureau of Medicine and Surgery.

ALNAV 43

3-1-45

The use and issue of stock number S4-156 Giemsa stain, manufactured by Hartman-Leddon Company, Philadelphia, Pa., shall be discontinued immediately and all unused units shall be returned to the nearest naval medical supply storehouse or depot.

ALNAV 65

4-5-45

Use and issue Medical Department stock number S4-156 Giemsa stain, manufactured by Hartman-Leddon Company, Philadelphia, covered by Alnav 43, is applicable to control numbers 1 and 2 only. Additional control number is being made available for issue and use.

ALNAV 66

4-5-45

The introduction, importation, or transporting of lemurs, apes, and monkeys into India or Indian waters is prohibited. This directive applies to all naval vessels, aircraft, and personnel traveling to India or calling at ports or places in India. It has been adopted at the request of the Indian Government as a precautionary measure to prevent the introduction of yellow fever by these animals.

ALSTACON

Patients on sick list granted incentive leave shall be handled same as for convalescent leave. Reference, paragraph 237.17 Manual, Medical Department, 1945.

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